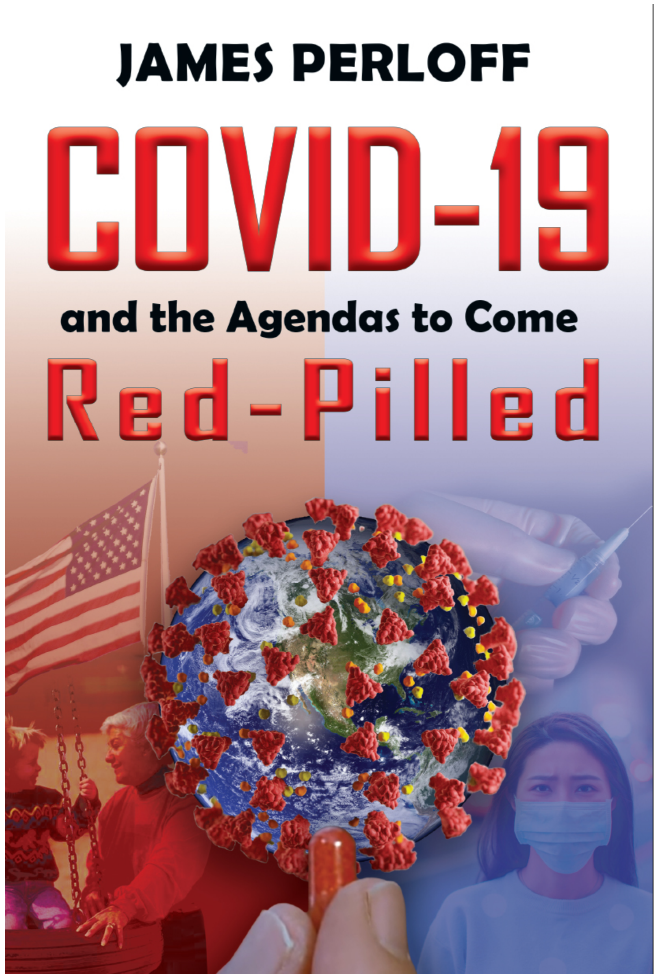
JAMES PERLOFF

COVID-19

and the Agendas to Come

Red-Pilled




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PREFACE

For those who might not know, “red-pilled” is a metaphor taken from the 1999 film *The Matrix*. Taking the “red pill” means to awaken to reality; taking the “blue pill” means to continue living in illusion.

In 2020, I had been writing a book on 9/11, but switched focus due to a matter of greater urgency—the global response to COVID-19. (The acronym’s meaning, officially, is—“CO” stands for Corona, “VI” for virus, “D” for disease, and “19” for 2019.) I wrote an extensive blog post, “COVID-19 Red-Pilled.” As the situation progressed, I kept updating the post, but it eventually became too long for online reading, and the need for a book was apparent.

Let me say at the outset that no one has all the answers on COVID-19, but we should have the will to look for them. One reason I decided to write this book is that when it comes to this disease, unprecedented censorship is making information that contradicts the “official story” increasingly hard to find on major search engines. Searches typically turn up only mainstream outlets, and “fact-checking” from sources such as scandal-ridden[1] Snopes, or PolitiFact, whose largest funder has been the Bill and Melinda Gates Foundation.[2] For analysis of such sites, their methodologies and backers, I recommend the *Corbett Report*’s video “Who Will Fact Check the Fact Checkers?” https://www.youtube.com/watch?v=rtirKL_XmGg.

I have been a journalist for 35 years (starting in 1985 as a writer for *The New American*) and a registered nurse for 45 years (retired in 2019). Neither of these backgrounds qualifies me as an “expert” on COVID-19; however, it does give me some perspective, both on the geopolitical forces controlling world events, as well as common-sense training and experience in infection control. By the way, Bill Gates is not a medical professional, yet that hasn’t stopped him from advising the world on how to respond to COVID-19 in mainstream media.

On a personal level, I immediately knew that quarantining perfectly healthy people did not accord with decades of infection control practices. In infectious diseases, you isolate the sick, not the healthy. To quarantine the

healthy as "presumed sick" is the medical equivalent of violating the law of jurisprudence that a person is presumed innocent until proven guilty.

However, since COVID-19 is said to be different, and as those who challenge the government/mainstream media response to COVID-19 have been targeted for censorship, this book will quote scholars and experts whose credentials are beyond dispute.

I have broken the COVID-19 crisis into five major sections:

(1) The Lockdown's Human Impact (I wanted to address this first because it is the least hypothetical of the issues.)

(2) The Methodology of Panic

(3) Theories about the Nature of COVID-19

(4) The Deep State's End-Game

(5) What May Lie Ahead

I am aware that the circumstances, statistics and global responses to COVID-19 will continue to change after this book's publication, making some of what I report seem defunct later. Nevertheless, I believe a grounding in how this crisis came about will help us better understand and cope with it in the future.

Regarding end-notes: All hyperlinks are accurate as of publication. Unfortunately, due to the Internet's transient nature, and especially due to censorship, some articles and videos, for which I have provided hyperlinks, will disappear in the future. (In such cases, it may be fruitful to use search engines in an attempt to locate alternate copies of the material. Many videos deleted by YouTube can now be found on https://www.bitchute.com/ and https://altcensored.com/.)

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PART ONE

THE LOCKDOWN

CHAPTER 1

THE ECONOMIC AND HEALTH IMPACT OF THE LOCKDOWN

When this book was published, states had been incrementally coming out of lockdown, but with the caveat that the lockdowns could be prolonged or resumed depending on the course of the pandemic. I do not know, of course, what will occur following publication. But Bill Gates may have given us a clue when he told Stephen Colbert: "Most of the work we're going to do to be ready for Pandemic Two—I call this Pandemic One—most of the work we'll do for that are also the things we need to do to minimize the threat of bio-terrorism."[1] Bill Gates has also stated: "It is fair to say things won't go back to truly normal until we have a vaccine that we've gotten out to basically the entire world."[2]

Since President Trump announced the lockdown on Friday the 13th of March 2020, many famous companies have filed for bankruptcy, including J.C. Penney, Neiman Marcus, Gold's Gym, Pier 1 Imports, and J. Crew. Even the Hertz rental car agency, which had been in business for 100 years, went bankrupt. And many corporations, while still surviving, announced thousands or tens of thousands of layoffs—permanent and/or temporary—including Boeing, GE, United Airlines, Chevron, IBM, Macy's, Uber, and many others.[3] But the worst devastation has been to America's small businesses, more than 100,000 of which had already closed permanently according to *The Washington Post* of May 12, 2020.[4]

Even before the lockdown began, a survey showed 49 percent of Americans were living paycheck to paycheck.[5] By the end of May, more than 40 million Americas had filed unemployment claims since mid-March.[6]

(Again, these statistics, like many I cite, will continue to change after this book's publication.)

Let's consider the implications. People without a job eventually lose their health insurance. Without an income, many will find it impossible to pay mortgages, real estate taxes or (alternatively) pay rent. The $1200 government stimulus checks couldn't have helped much in this regard. In March 2020 the average monthly rent for a one-bedroom apartment in Boston was over $2,500,[7] meaning the bailout would cover rent for about 2 weeks. Of course, it's not just mortgages and rent, it's utilities, groceries, and other necessities.

According to a 2019 study by *The Ascent*, 52 percent of Americans had, at some point, maxed out on their credit cards,[8] meaning that during the lockdown many people couldn't even resort to credit to buy essentials. Breadlines began forming in America,[9] which increasingly resembles the old Soviet Union. Meanwhile farmers who supply restaurants, schools and theme parks were forced to throw away thousands of acres of rotting crops.[10]

According to the American Psychological Association—before the lockdown—the number one cause of stress in America was money problems.[11] Imagine how much the lockdown has amplified that. And as the quarantine forces distressed people to stay together constantly, domestic abuse cases have spiked. The *New York Times* already reported on April 6:

> In Spain, the emergency number for domestic violence received 18 percent more calls in the first two weeks of lockdown than in the same period a month earlier.… On Thursday, the French police reported a nationwide spike of about 30 percent in domestic violence.[12]

Calls to suicide hotlines were up 600 percent, and liquor sales 300 to 600 percent, according to a May letter sent to President Trump by more than 500 doctors, urging him to end the lockdown, which they called a "mass casualty incident."[13]

Health care providers in Michigan filed a lawsuit against Governor Gretchen Whitmer as her unprecedented lockdown was threatening the lives of many non-COVID patients across the state by denying them needed surgeries and preventative care. Jordan Warnsholz, an owner of two of the

plaintiffs, Wellston Medical Center and Primary Health Services, said: "Not only has this shutdown harmed my employees and my practice, but it has put my patients directly at risk. These oppressive executive orders are meant to save lives, but instead, they are endangering many of them."[14]

Dr. Mohammad Iqbal Adil, Consultant General, laparoscopic and colorectal surgeon for the United Kingdom's National Health Service, noted:

> What impact has the NHS had as a result of this coronavirus? Most of the hospitals have gone empty, all the elective work has been cancelled. There is no endoscopy, no cystoscopy, no flexible sigmoidoscopy, and no gastroscopy happening. All the elective operations including bowel and lung cancers . . . have been cancelled. These patients are accumulating day by day, and the number is ramping up.[15]

The BBC reported in June:

> Health bosses fear the COVID-19 crisis could see the number of people waiting for NHS treatment double to 10 million by the end of the year.… Cancer Research estimates about 2.4 million people in the UK are waiting for screening, treatment or tests with a potential 23,000 cancers having gone undiagnosed during lockdown.[16]

With jobs demolished and the poverty that ensues, crime can also be expected to soar. In fact, there can be little doubt that the massive looting of stores following the George Floyd incident was, to a certain extent, attributable to the massive impoverishment as well as bottled-up emotions of people who had been locked inside too long—what we call "stir crazy."

The lockdown's justification was to "protect our health." But if masses of people lose their health insurance and homes—becoming homeless—will the impact of that be less than COVID-19, a disease which lasts on average two weeks and that, for most people, resembles a mild to moderate case of the flu? (We will greatly amplify on this later.) The threat of mass homelessness had become real by July 2020, when *Reuters* reported:

> As the coronavirus began to shut down large swaths of the U.S. economy in March, spiraling millions of Americans into unemployment, a patchwork of state and federal eviction bans were enacted to keep people in their homes. Now those protections are vanishing. Moratoriums have already expired in 29 states and are about to lapse in others.… As many as 28 million people could be evicted in coming months, according to Emily Benfer, a visiting law professor at Wake Forest University who is the co-creator of Princeton University's Eviction Lab, a national research center on evictions.[17]

Sure, Uncle Sam can financially "come to the rescue." But the U.S. government is—officially—over $25 trillion in debt. There is no treasure in the Treasury, no "reserves" to hand out. Anything the government gives the people it must *take* from the people— either by (1) raising taxes (obviously now impossible) or (2) its favored method: borrowing money from the Federal Reserve, which increases the nation's debt burden and, by expanding the money supply, devalues the dollar, making prices rise.

As the Mises Institute's editors wrote:

> The shutdown of the American economy by government decree should end. The lasting and far-reaching harms caused by this authoritarian precedent far outweigh those caused by the COVID-19 virus. The American people—individuals, families, businesses—must decide for themselves how and when to reopen society and return to their daily lives.
>
> Neither the Trump administration nor Congress has the legal authority to shut down American life absent at least baseline due process. As Judge Andrew Napolitano recently wrote, business closures, restrictions on assembly and movement, and quarantines are not constitutionally permissible under some magic "emergency" doctrine. At a minimum, the federal government must show potential imminent harm by specific infected individuals at some form of hearing or trial.
>
> These due process requirements are not suspended.[18]

That brings us to the next human implication of the lockdown.

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CHAPTER 2

DESTRUCTION OF CIVIL LIBERTIES

Benjamin Franklin said, "Those who would give up essential liberty, to purchase a little temporary safety, deserve neither liberty nor safety."

Thanks to the "Controlavirus," martial law has overtaken the planet, curtailing freedom, virtually empowering governments to the point of totalitarianism. Here in America, planks in the Bill of Rights have been shredded. Officially, these prohibitions on rights have not been revoked permanently, but they nevertheless represent an unprecedented flirtation with dictatorship. I will use past tense to describe these restrictions; some may be either relaxed or tightened following this book's publication. But I am not confident they will improve much.

• Freedom of worship: At the lockdown's height in the spring, religious services were forbidden. Gatherings for worship, corporate prayer and religious studies were curtailed, except for online substitutes such as livestreams and Zoom meetings. This appears to be the first time that Easter services had been globally cancelled since Constantine legalized Christianity in the fourth century AD. Even though services have been phased back in, severe restrictions remain on churches, such as the attendance far below capacity and members, including choirs, compelled to wear masks.

On April 10, Kentucky Governor Andy Beshear announced plans to record the license plate numbers of Easter churchgoers and force them into self-quarantine for 14 Days.[1] Fortunately, a judge overturned the edict.

Less fortunate was Greenville, Mississippi, where police cars descended on King James Bible Baptist Church for scheduling a "drive-up" Easter service." Even though churchgoers were observing social distancing, they were fined $500 each.[2] A video of the fiasco was taken by Pastor Charles E.

Hamilton, Jr., who noted that in Greenville, that many police cars didn't show up for murders or drug busts.[3]

• The right to peaceably assemble: A number of states restricted gatherings to ten persons, with "stay at home" requirements or advisories in effect for "non-essential travel." In a worst-case scenario, Michigan governor Gretchen Whitmer issued orders forbidding anyone from even visiting a friend or family member unless they were a caregiver.[4]

• "The right to a speedy and public trial," and trial by jury is encoded in the Bill of Rights. Jury trials across the nation have been cancelled or postponed—again, the suspensions are supposedly temporary, but how close are we to acclimating people to eliminating them altogether?

Here are examples of egregious rights violations across the nation:

• A Colorado man was arrested and handcuffed in front of his six-year-old daughter for playing softball with her, which allegedly violated "social distancing" requirements. Noteworthily, the police themselves were not wearing masks and violated social distancing in making the arrest.[5]

• Residents of Cameron County, Texas, faced a $1,000 fine for not wearing "some form of covering over their nose and mouth."[6]

• In Sedgwick County, Kansas—emulating the old Soviet Union—citizens were encouraged to use online forms to "snitch" on neighbors who might be violating "stay-at-home" mandates or operating "non-essential businesses."[7]

• Indiana's Howard County ordered businesses to stop selling "non-essential" goods, including *books*. So book-burning became part of the "medical martial law" paradigm.[8]

• On May 5, Shelley Luther was ordered to be jailed for seven days and fined $7,000 for reopening her Dallas hair salon in defiance of lockdown restrictions.[9] She was released from jail after the case received nationwide attention.

• On May 13, in a scene becoming all too typical, police threw a New York mom onto a subway station floor, and handcuffed her in front of her small child, not because she wasn't wearing a mask, but because she wasn't wearing it *properly*.[10]

• Google is reporting people's movements to the government to track whether "social distancing" and limits on social gatherings are obeyed.[11] Meanwhile, the White House held a teleconference with execs from Amazon, Apple, Facebook, Google, Microsoft and Twitter to "help battle coronavirus," including "discussion about how to stop the spread of coronavirus conspiracy theories."[12]

Overseas, the situation is often worse.

• In Singapore, sitting or standing too near another person was made punishable by prison terms of up to 6 months and fines of up to $7,000.[13]

• In Tunisia, remotely controlled "robocops" enforced lockdown rules and demanded to see people's travel permits.[14]

• In Greece, Orthodox Bishop Seraphim Stergiulis was arrested for keeping his church open for worship.[15]

• In Britain, police set up online forms so people could "snitch" on neighbors who violated lockdown orders.[16]

• Paris banned outdoor exercise during daytime hours.[17]

• The Danish Parliament passed a draconian law authorizing the government to test, quarantine and vaccinate citizens without their consent.[18]

• On May 9, an Australian mother, who was very peacefully protesting the lockdown's violation of civil liberties, was arrested and her young son torn away from her.[19]

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CHAPTER 3

WAS THE LOCKDOWN NECESSARY? EXPERTS SPEAK OUT

Let's now give voice to some of the eminent medical scholars who have opposed the lockdown.

Infectious disease specialist Sucharit Bhakdi is an emeritus professor at the Johannes Gutenberg University in Mainz, Germany, and for more than 20 years was head of the Institute for Medical Microbiology and Hygiene there, In March 2020, he was interviewed on COVID:

> **Bhakdi**: When patients concurrently have other illnesses, an infectious agent must not be held solely responsible for a lethal outcome. This happens for COVID-19, but such a conclusion is false and gives rise to the danger that other important factors are overlooked. . . .
>
> **Interviewer**: The highest alert level has been proclaimed and extreme preventative measures have been installed in the desperate attempt to retard spread of the virus.
>
> **Bhakdi**: Yes, and this is the incredible tragedy. Because these adopted measures are actually senseless.… We have 10,000 infections reported. 99.5 percent have no or only mild symptoms. . . . "Infection" is not identical with "disease." . . .
>
> **Interviewer**: So what do you think about these measures?
>
> **Bhakdi**: They are grotesque, absurd and very dangerous.… The life expectancy of millions is being shortened. The horrifying impact on the world economy threatens the

> existence of countless people. The consequences on medical care are profound. Already services to patients in need are reduced, operations cancelled, practices empty, hospital personnel dwindling. I can only say: All this will impact profoundly our whole society. All these measures are leading to self-destruction and collective suicide, based on nothing but a spook.[1]

Professor Klaus Püschel, head of forensic medicine in Hamburg, explained about COVID-19:

> This virus influences our lives in a completely excessive way. This is disproportionate to the danger posed by the virus. And the astronomical economic damage now being caused is not commensurate with the danger posed by the virus. I am convinced that the Corona mortality rate will not even show up as a peak in annual mortality. In Hamburg, for example, not a single person who was not previously ill had died of the virus: All those we have examined so far had cancer, a chronic lung disease, were heavy smokers or severely obese, suffered from diabetes or had a cardiovascular disease. The virus was the last straw that broke the camel's back, so to speak. COVID-19 is a fatal disease only in exceptional cases, but in most cases it is a predominantly harmless viral infection.[2]

Early during the pandemic (March) some common sense came from Dr. Vernon Coleman, MD, of the UK.

> The panic and the hysteria are wildly overblown. There really isn't any need to stop all non-urgent operations and there's no need to close shops and cafes and put people out of work, which is what's going to happen; the economies all around the world are going to be in a terrible state. Loads of people are going to lose their jobs, and when people lose their jobs, then the death rate goes up; there's a well-known correlation between unemployment and death rates.[3]

In May he stated:

> The evidence makes it clear to me that we're being manipulated. Here's a summary of some of the reasons why I'm convinced. First, in the UK, the government's advisors ruled back in March that the corona virus was not a high consequence infectious disease. That's the official wording. . . .
>
> Other media were quite happy to ignore it. They didn't seem to think it was significant. I didn't see any note of it on the BBC's website, for example. . . .
>
> Second, within days of this reassuring news when the country, and indeed the world, should have been celebrating our good fortune, that the corona virus was not going to kill us all, the UK government published its 358-page emergency bill and put the country into lockdown, as though it were the plague we were dealing with.
>
> Third, the total number of alleged coronavirus deaths at the moment… around the world is approximately 300,000, though there are many people like me who rather suspect that this figure may be a little lower in reality—I'm trying to be very tactful to keep this video on air for a bit longer.…
>
> Every death is a tragedy, but we have to look at things in perspective and we have to remember that in an average sort of flu season, a bad flu can kill 650,000 people. That's twice as many, of course; even the mathematical modelers could probably work that out, and in an average bad sort of year tuberculosis can kill one and a half million people.
>
> I don't remember any country being put into lockdown or introducing social distancing in a bad flu year or because of tuberculosis, or indeed, malaria, which also kills quite a lot of people.
>
> Fourth, all opposition to the establishment's viewpoint is being silenced, the videos are being removed and very little coverage is given to the sort of news that I try to provide you

> with and certain other people. The main news outlets don't seem interested in providing a balanced viewpoint.[4]

Dr. Joel Kettner, former Manitoba Chief Provincial Public Health Officer:

> I want to say that in 30 years of public health medicine, I have never seen anything like this, anything anywhere near like this. I'm not talking about the pandemic, because I've seen 30 of them, one every year. It is called influenza. And other respiratory illness viruses, we don't always know what they are. But I've never seen this *reaction*, and I'm trying to understand why.[5]

Pulmonary physician Dr. Wolfgang Wodarg, after pointing out that coronaviruses have typically been part of the makeup of respiratory illness, said:

> The Chinese government made something really big out of it, suddenly this was very important politically—completely exceeding the virological frame. All of a sudden, face recognition was installed everywhere at the airports, fever was being measured. The clinical thermometer controlled the traffic on Chinese streets. And all this was so significant that it led to international consequences.…
>
> The governments asked their own virologists and they confirmed that this virus is a thing to worry about and proposed to develop tests to help measure the virus, like in China.…
>
> A network of information and opinions has been developed in certain expert groups. And the politicians turned to these expert groups, who initially started all this. And they really absorbed this network, moved within it. This led to politicians who now are just resting on these arguments, while using these arguments to evaluate who has to be helped, to determine safety measures or what has to be permitted.

> All these decisions have just been derived from these arguments. This means that now it's going to be very hard for critics to say "Stop. There is nothing going on." And this reminds me of this fairytale about the king without clothes on. And just a small child was able to say "Hey, he is naked!".
>
> All the others on the courtyard—surrounding the government and asking the government for advice because they can't know themselves—they all played along and joined the hype. And like this, politicians are being courted by many scientists. Scientists who want to be important in politics because they need money for their institutions. Scientists who just swim along in this mainstream and also want their part… "We can help too!" "We made an app!" "We have a program for this!"
>
> So many people saying "Hey, we want to help too!" because they want to earn money with it and become important. And what is missing at the moment is a rational way of looking at things. We should ask questions like "How have you found out that the virus is dangerous?" "Didn't we have the same thing last year?" "Is it even something new?" That's missing. And the king is naked.[6]

Dr. David Katz, physician and founding director of the Yale University Prevention Research Center:

> I am deeply concerned that the social, economic and public health consequences of this near-total meltdown of normal life—schools and businesses closed, gatherings banned—will be long-lasting and calamitous, possibly graver than the direct toll of the virus itself. The stock market will bounce back in time, but many businesses never will. The unemployment, impoverishment and despair likely to result will be public health scourges of the first order.[7]

For 20 years, Dr. Knut Wittkowski was Head of Biostatistics, Epidemiology, and Research Design at Rockefeller University's Center for

Clinical and Translational Science. Interviewed by *The Press and The Public Project* in April 2020, he stated:

> With all respiratory diseases, the only thing that stops the disease is herd immunity. About 80% of the people need to have had contact with the virus, and the majority of them won't even have recognized that they were infected, or they had very, very mild symptoms, especially if they are children. So, it's very important to keep the schools open and kids mingling to spread the virus to get herd immunity as fast as possible, and then the elderly people, who should be separated, and the nursing homes should be closed during that time, can come back and meet their children and grandchildren after about four weeks when the virus has been exterminated.…
>
> We are experiencing all sorts of counterproductive consequences of not well-thought-through policy.… We will see maybe a total of fewer cases—that is possible. However, we will see more cases among the elderly, because we have prevented the school children from creating herd immunity. And so, in the end, we will see more death because the school children don't die, it's the elderly people who die, we will see more death because of this social distancing.…
>
> If we had herd immunity now, there couldn't be a second wave in autumn... However, if we are preventing herd immunity from developing, it is almost guaranteed that we have a second wave as soon as either we stop the social distancing or the climate changes with winter coming or something like that.… [Extreme reactions] cost the US taxpayer $2 trillion, in addition to everything else that it costs, but it also has severe consequences for our social life, and depression is definitely something that we will be researching. I can say for myself, walking through New York City right now is depressing.…[8]

Dr. Wittkowski's interview was swiftly censored by YouTube. Michael T. Osterholm, regents professor and director of the Center for Infectious Disease Research and Policy at the University of Minnesota:

> Consider the effect of shutting down offices, schools, transportation systems, restaurants, hotels, stores, theaters, concert halls, sporting events and other venues indefinitely and leaving all of their workers unemployed and on the public dole. The likely result would be not just a depression but a complete economic breakdown, with countless permanently lost jobs, long before a vaccine is ready or natural immunity takes hold. …
>
> [T]he best alternative will probably entail letting those at low risk for serious disease continue to work, keep business and manufacturing operating, and "run" society, while at the same time advising higher-risk individuals to protect themselves through physical distancing and ramping up our health-care capacity as aggressively as possible. With this battle plan, we could gradually build up immunity without destroying the financial structure on which our lives are based.[9]

The internationally renowned virologist Dr. Karin Mölling was director of the Institute for Medical Virology at the University of Zurich until 2008. She said:

> The 2018 influenza epidemic, with 25,000 deaths, never disconcerted the press. The clinics had to deal with an additional 60,000 patients, which was no problem in the clinics either! . . .
>
> It's [the curfew] the only thing I'm afraid of. It is wrong!That's why I'm speaking out.… We are presented with numbers that are frightening. They do not put them in relation to other numbers. Then my taxi driver tells me that he will perish if he has to close his business, and might as well hang himself. You have to put that into consideration as well. I am

> not an economist. I only hear the voice of the people. They all say: Do something! I just want to prevent the curfew.…
>
> I was asked on TV what I thought about old people going for a walk. I can only say: Yes, they should do it. Fresh air is good, that dilutes; anyone can imagine that. The second thing that's good about it is the sun. Ultraviolet light kills viruses. This is good in children's playgrounds; it is good for children when they do sports outside. It's good outside! . . .
>
> It is important to isolate and protect the old. Then fresh air and UV as much as possible. Furthermore, open kindergartens and schools instead of plunging the young families into chaos. Schools are the best place to put them all together and where you know how the infection chain works. You can control that and you can react.…
>
> And under no circumstances a curfew! People should go to restaurants, at their own risk. When the weather is nice, you can't shut people in. I hear that in the family: Where should the children go in nice weather? You can only do that for a week, or at most two. Immunity also has to be built up, only contact allows that.[10]

Leading virologist Hendrik Streeck has stated that there is no proof coronavirus can be spread while shopping.[11]

Concerning the closing of schools, Scott Atlas, MD, observed: "There's no science whatsoever to keep K-through-12 schools closed, nor to have masks or social distancing on children, nor to keep summer programs closed," "What we know now is that the risk of death and the risk of even a serious illness is nearly zero in people under 18."[12]

In May the *Moscow Times* reported:

> Russia's head of coronavirus information has suggested that global anxiety over the pandemic is misplaced . . . Doctor and television presenter Alexander Myasnikov was appointed in April to his new role of informing Russians about coronavirus

treatment and prevention methods and to battle "fake news" about COVID-19.…

In an interview that aired Wednesday, Myasnikov gestured for the cameras to stop running and said candidly: "It's all bullsh*t. It's all exaggerated. It's an acute respiratory disease with minimal mortality," he told television personality Ksenia Sobchak in the interview for her YouTube project.

"Why has the whole world been destroyed? That I don't know," Myasnikov said, adding that he's more concerned about a second wave that he claimed "we're unprepared for."[13]

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CHAPTER 4

THE SOCIAL DISTANCING AND MASK CONTROVERSIES

As social distancing and masks became twin icons of the lockdown, it's important to hear the medical professionals speaking against them.

On her YouTube channel, Sam Bailey, MD, discussed social distancing:

> [I]n my home country, New Zealand, we have to remain at home in our social bubbles. We can leave our house if we need to go to the supermarket, pharmacy, if you are an essential worker or to exercise. You cannot go swimming, hunting, tramping or do anything that may put extra strain on emergency services. You cannot talk to anyone outside of your social bubble at a distance of less than two meters which includes family, friends and co-workers. And lately when I've gone for a walk or run, I noticed people don't even want to make eye contact, and they often cross the street or act panicked and move away from you like you have leprosy.
>
> The first time I went to the supermarket after we went into lockdown three weeks ago, I saw someone wearing a gas mask. Now why would someone want to wear a gas mask at a supermarket? I'd presume that it's either a practical joke or it's because they are scared and think that they might die from an infection that is hanging around in the air. I don't blame that person for feeling scared, as most people don't understand what the medical risks are to them. We're bombarded every day by the media about how dangerous it is when people don't practice social distancing. So I decided to look into this myself, as I wanted to understand what scientific literature is behind social distancing.…

So what's the science behind social distancing? There's one systematic review article that looked at how effective social distancing is in reducing the spread of influenza. It looked at 12 modeling and three epidemiological studies. Unfortunately, all three epidemiological studies were highly biased, and therefore the results are not usable, and if you have any familiarity with computer modeling, you'll understand how highly unreliable these results can be. If you have to plug in hundreds if not thousands of variables, the end result can be manipulated by changing the variables that are included in the study. Examples of recent computer modeling gone wrong is from the Imperial College of London, who estimated the risk of infection and death from coronavirus to be 131 times greater than it actually has turned out to be . . . The modeling studies support social distancing in non-healthcare workplaces, but I am highly dubious that these models play out in reality. There have been no observational studies on real human beings to determine if social distancing works. Please let me emphasize that I am *not* talking about the evidence for quarantine or self-quarantine [of sick people], which is different to social distancing and physical distancing.…

What I personally believe is far more troubling is social isolation and the generalized suspicion we have for our neighbors, our friends, co-workers and strangers on the street. Many studies have been done on social isolation, and long-term it increases the risk of premature death, while short periods of isolation can cause increased anxiety or depression that start within days. We are social creatures that have evolved over millennia to be in family structures and groups. and we rely on that interaction with other human beings. I believe more is needed than just social media, which can never replace a cup of coffee in person with a friend.[1]

As far as the need for outdoor social distancing goes, a Chinese study of COVID-19 examined 318 outbreaks; of these, it found that only one began

in an outdoor environment, and that outbreak only infected two people.[2] This is not surprising, since sunlight is a potent destroyer of viruses, including—scientists say—COVID-19.[3]

By June 15, Britain's *The Telegraph* could report:

> The two-metre rule has no basis in science, leading scientists have said as the Government comes under increasing pressure to drop the measure. Writing for *The Telegraph*, Professors Carl Heneghan and Tom Jefferson, from the University of Oxford, said there is little evidence to support the restriction and called for an end to the "formalised rules." The University of Dundee also said there was no indication that distancing at two metres is safer than one metre.… Examining the current evidence for the two-metre rule, Prof. Heneghan and Prof. Jefferson looked at 172 studies cited in a recent review in *The Lancet* and found just five had dealt explicitly with coronavirus infection in relation to distance. Only one mentioned coming within six feet of a patient, and that paper showed proximity had no impact.[4]

Epidemiologist Dr. Gerald Evans, medical director of infection control at Kingston (Ontario) Health Sciences Centre:

> To get infected with this virus, you have to be in close contact with another person (and) that contact has to be for a significant amount of time. It's not 10 or 15 minutes, it's hours. It needs to be in a closed environment, a house, and in the environment, there has to be a significant amount of contamination.[5]

In May 2020, *The New England Journal of Medicine* had this to say about social distancing and masks:

> We know that wearing a mask outside health care facilities offers little, if any, protection from infection. Public health authorities define a significant exposure to Covid-19 as face-to-face contact within 6 feet with a patient with symptomatic

Covid-19 that is sustained for at least a few minutes (and some say more than 10 minutes or even 30 minutes). The chance of catching Covid-19 from a passing interaction in a public space is therefore minimal. In many cases, the desire for widespread masking is a reflexive reaction to anxiety over the pandemic.[6]

Regarding masks, Russell Blaylock, MD, noted:

> As for the scientific support for the use of face masks, a recent careful examination of the literature, in which 17 of the best studies were analyzed, concluded that, "None of the studies established a conclusive relationship between mask/respirator use and protection against influenza infection." Keep in mind, no studies have been done to demonstrate that either a cloth mask or the N95 mask has any effect on transmission of the COVID-19 virus. Any recommendations, therefore, have to be based on studies of influenza virus transmission. And, as you have seen, there is no conclusive evidence of their efficiency in controlling flu virus transmission.
>
> It is also instructive to know that until recently, the CDC did not recommend wearing a face mask or covering of any kind, unless a person was known to be infected, that is, until recently. Non-infected people need not wear a mask. When a person has TB we have them wear a mask, not the entire community of non-infected. The recommendations by the CDC and the WHO are not based on any studies of this virus and have never been used to contain any other virus pandemic or epidemic in history.
>
> Now that we have established that there is no scientific evidence necessitating the wearing of a face mask for prevention, are there dangers to wearing a face mask, especially for long periods? Several studies have indeed found significant problems with wearing such a mask. This can vary from headaches, to increased airway resistance, carbon dioxide

> accumulation, to hypoxia, all the way to serious life-threatening complications.[7]

(In the article, Blaylock cites the specific studies.)

In a post called "We Must Wear Face Masks? Show Me the Science Behind That!" Dr. David Brownstein, M.D., wrote (providing citations):

> Folks, I have been writing to you about COVID for over a month. It is been a painful time period for all of us. What is really sad is that *too many political dictates are being fostered on us without any good scientific evidence to back them up*. One of those requirements that has me irritated is the use of face coverings that I see so prevalent out there. When I go to Costco, 95% of the people in the store are wearing face masks. Why is that? . . .
>
> It should be well known that cloth masks, bandanas, or handkerchiefs will do very little to stop the spread of coronavirus. In fact, they may actually increase your risk of becoming ill from corona and other influenza-like illnesses. A 2015 study found cloth masks, when compared to surgical masks, increase the rate of influenza-like illnesses 13x! Cloth masks are probably best avoided and should not be reused without properly sanitizing them.
>
> Regular surgical masks are not much better in this situation. The COVID-19 virus is 0.125 μm in size. Surgical masks have been shown to not adequately filter against aerosols measuring from 0.9-3.1 μm. Other researchers have shown that particles from 0.04-0.2 μm can penetrate surgical masks.
>
> A 2020 study in Seoul, South Korea looked at the effectiveness of surgical and cotton masks in blocking COVID-19 in a controlled comparison of four patients. The COVID-infected patients were put in negative pressure isolated rooms. The scientists compared disposable surgical masks (3 layers) with reusable cotton masks. Patients were instructed to cough 5 times while wearing no mask, surgical mask, or cotton mask.

> Interestingly, all swabs from the outer masks—including surgical masks—were positive for COVID-19. Inner masks were also found to be contaminated. That means the mask did not effectively filter out the COVID virus since it is too small. The authors state, "Neither surgical nor cotton masks effectively filtered [COVID-19] during coughs by infected patients."[8]

In his article "Masks Don't Work: A Review of Science Relevant to COVID-19 Social Policy," Denis G. Rancourt, PhD, writes:

> Masks and respirators do not work. There have been extensive randomized controlled trial (RCT) studies, and meta-analysis reviews of RCT studies, which all show that masks and respirators do not work to prevent respiratory influenza-like illnesses, or respiratory illnesses believed to be transmitted by droplets and aerosol particles.

After citing seven RCT studies from the scientific literature, Rancourt concludes:

> No RCT study with verified outcome shows a benefit for HCW [health care workers] or community members in households to wearing a mask or respirator. There is no such study. There are no exceptions.[9]

Dolores Cahill, PhD, the eminent immunologist from University College, Dublin, has stated: "There is absolutely no basis for social distancing."[10] In an interview with Del Bigtree, she displayed the following table:

SHOULD YOU REALLY WEAR A MASK?	Corona	Ebola
Death	SARS-COV1 2003: 800 globally SARS-COV2 2020: 1 in 1,000	1976: 8,800 in 10,000 2014: 3,300 in 10,000
Transmission	Not through the air.	Through the air.
Is there a licenced vaccine	No - since 2003	No - since 1976
Age range most affected	Over 80	All ages
Age range not affected	Children	-
Are masks effective to stop spread of infection?	No	Yes
Is there a pathway to reduce symptoms?	Nutrition, Zinc, Vit. C, Vit. D	No
Is there a treatment?	Hydroxychloroquine AZT, Zinc	No
How long has it been prevalent?	2003 SARS-COV-1	1976 Ebola River, Democratic Republic of Congo
Is there a vaccine?	No	No

She stated:

> There's a table that just compares coronaviruses with Ebola viruses, so if it was an Ebola virus outbreak, then a mask would be effective because Ebola virus is transmitted through the air. But in the case of coronavirus, it's not transmitted through the air, it's transmitted through droplets that would then drop on a surface like a door handle. So in coronavirus there is absolutely no need to wear a mask.… I entirely agree with Professor Blaylock, who has an outstanding track record and is very experienced in this area. Because the mask is covering you, you have less oxygen and that puts your immune system under stress… and not only will you have more coronavirus, but if you had other latent viruses it would allow them to reemerge.[11]

Early during the pandemic, even the World Health Organization admitted that masks weren't needed for the healthy. As Fox News reported:

> "If you do not have any repository symptoms such as fever, cough or runny nose, you do not need to wear a mask," Dr. April Baller, a public health specialist for the WHO, says in a video on the world health body's website posted in March. "Masks should only be used by health care workers, caretakers or by people who are sick with symptoms of fever and cough."[12]

Switzerland's Beda M. Stadler, former director of the Institute for Immunology at the University of Bern, a biologist and professor emeritus, writes:

> The next joke that some virologists shared was the claim that those who were sick without symptoms could still spread the virus to other people. The "healthy" sick would have so much of the virus in their throats that a normal conversation between two people would be enough for the "healthy one" to infect the other healthy one.… But for doctors and virologists to twist this into a story of "healthy" sick people, which stokes panic and was often given as a reason for stricter lockdown measures, just shows how bad the joke really is. At least the WHO didn't accept the claim of asymptomatic infections and even challenges this claim on its website.… Those young and healthy people who currently walk around with a mask on their faces would be better off wearing a helmet instead, because the risk of something falling on their head is greater than that of getting a serious case of Covid-19.[13]

Daniel W. Erickson, MD, and Artin Massihi, MD, of Accelerated Urgent Care in Bakersfield, California, stated in a press briefing on COVID-19:

> I'd like to go over some basic things about how the immune system functions so people have a good understanding. The immune system is built by exposure to antigens: viruses, bacteria. When you're a little child crawling on the ground, putting stuff in your mouth, viruses and bacteria come in. You form an antigen antibody complex. You form IgG IgM. This is how your immune system is built. You don't take a small child, put them in bubble wrap in a room and say, "go have a healthy immune system."
>
> This is immunology, microbiology 101. This is the basis of what we've known for years. When you take human beings and you say, "Go into your house, clean all your counters—Lysol

> them down, you're gonna kill 99% of viruses and bacteria; wear a mask; don't go outside. What does it do to our immune system?"....
>
> Sheltering in place decreases your immune system. And then as we all come out of shelter in place with a lower immune system and start trading viruses, bacteria—what do you think is going to happen? Disease is going to spike. And then you've got diseases spike—amongst a hospital system with furloughed doctors and nurses. This is not the combination we want to set up for a healthy society. It doesn't make any sense....
>
> Do you think you're protected from COVID when you wear gloves that transfer disease everywhere? Those gloves have bacteria all over them. We wear masks in an acute setting to protect us. We're [Doctors Erickson and Massihi] not wearing masks. Why is that? Because we understand microbiology; we understand immunology; and we want strong immune systems. I don't want to hide in my home, develop a weak immune system, and then come out and get disease.[14]

OSHA (the Occupational Safety & Health Administration) states: "While normal atmosphere contains between 20.8 and 21 percent oxygen, OSHA defines as oxygen deficient any atmosphere that contains less than 19.5 percent oxygen."[15] In June 2020, Ohio State Senator Nino Vitale, using an RKI GX 2009 oxygen sensor, made by RKI Instruments, conducted an outdoor test with several students wearing different types of masks. The sensor showed atmospheric oxygen at 20.9, but when it was placed under the masks, it registered between 17.1 and 18.1 percent oxygen, well below OSHA's safety standard. The video can be viewed on the YouTube channel *Citizens Journalist for Truth* at https://www.youtube.com/watch?v=mMrYvyS8k94.

Seen on Facebook:

Doc Graham
Yesterday at 7:36 PM ·

MASKS! Folks, let a surgeon of 30 years (a.k.a. me) teach you about MASKS. COVID 19 virus particle size averages 125 nanometers (0.125microns); the range is 0.06 microns to .14 microns; one needs an electron microscope to see a COVID 19 virus particle. The hoarded N 95 mask filters down to 0.3 microns. So, N95 masks block few, if any, virions (virus particles). This is a simple fact, so you just cannot argue against it. Other surgical masks, home-made masks and kerchiefs do the following: 1) the allow free passage both ways (in and out) of COVID 19 virions. 2) they become a warm, damp or moist reservoir of COVID 19 particles in asymptomatic "carriers" (estimated to be 85% of all people tested). For surgeons, years of training, intimidation, and humiliation teach us to touch NOTHING but our surgical field. Lay people constantly touch, re-arrange, and manipulate their "masks", wonderfully inoculating thousands of virus particles onto their bare or (even worse, gloved) hands. So, these absurd masks ENCOURAGE the fomite transmission ("infected" articles-to-hand-to face transmission of the virus). So, go ahead and allow idiots to delude and mislead you to the false sense of security--and danger--of masks!

On April 24, 2020, the *New York Post* reported:

> A New Jersey driver crashed head-on into a pole—after passing out from wearing an N95 mask for hours, police said Friday. Lincoln Park police believe that the driver, who was not named, lost consciousness while behind the wheel Thursday from lack of oxygen and breathing in excessive carbon dioxide thanks to the mask, the department wrote on Facebook.[16]

Mandatory masks also impede the recovery of abducted and trafficked “milk carton” children, since they make identification of the missing far more difficult.

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PART TWO

THE METHODOLOGY OF PANIC

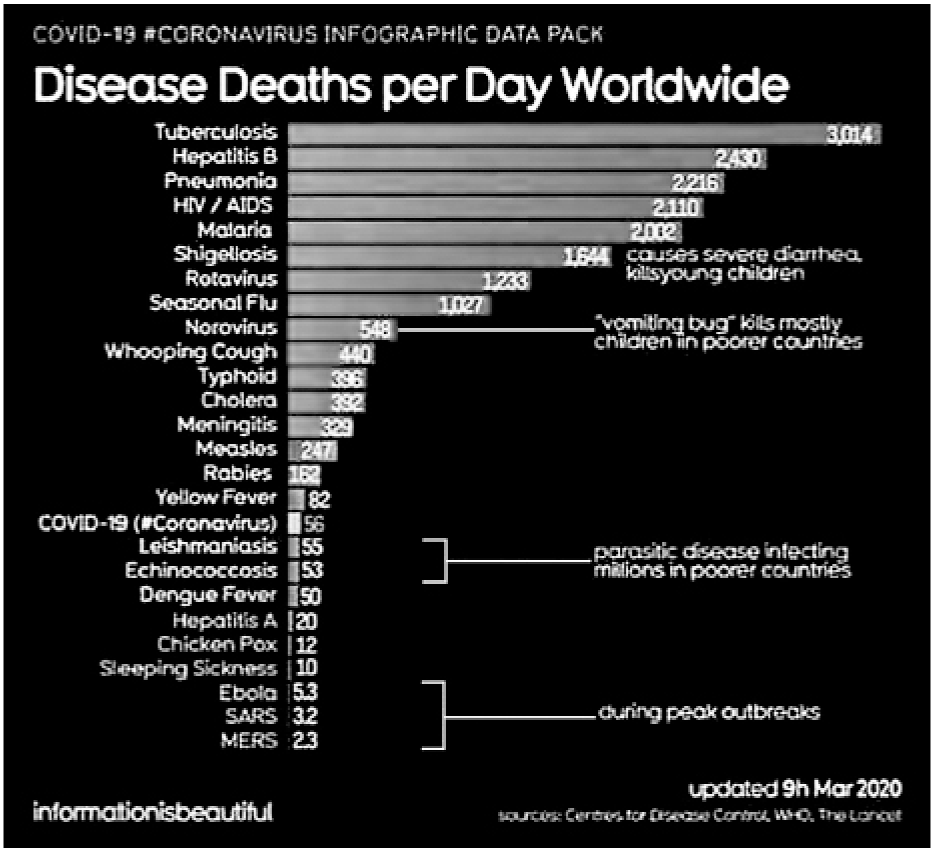
Chapter 5

PUTTING COVID-19 IN PERSPECTIVE

The graph below was taken from statistics on the *Worldometer* website. It shows death by cause through March 25 of 2020, or almost two weeks after the U.S. lockdown began. Clearly, coronavirus's impact, while significant, was still small relative to other causes, including other infectious diseases.



And here's a graph of deaths by pathogen, from the *Information is Beautiful* website. It's a little older (March 9) than the previous graph, but it shows COVID-19 only ranked 17th in the world for infectious disease deaths when the world was locking down.



Obviously, using these graphs can be criticized, since COVID deaths have risen since they were compiled. Nevertheless, they give us perspective. Furthermore, as we will soon see, various factors have caused the number of COVID-19 deaths to be artificially inflated.

Now let's put COVID in a broader historical context. The CDC's website maintains annual statistics for each flu season in the U.S.; typically tens of thousands die each year. According to the CDC, the 2017-18 flu season saw an estimated 45 million flu cases, resulting in 21 million doctor visits, 810,000 hospitalizations and 61,000 deaths.[1]

Where was the media panic? Where were the headlines saying "4,000 new flu cases reported in Kansas"? Why no lockdown?

Looking back further, the CDC says the Asian Flu of 1957-58 killed 1.1 million worldwide and 116,000 in the United States,[2] and the 1968 Hong Kong Flu killed one million worldwide and about 100,000 in the U.S.[3]

Even if we accept the official COVID-19 death totals at face value, those older numbers were still greater. Furthermore, since world population

was 2.8 billion in 1957 and 3.5 billion in 1968 (compared to 7.8 billion today) the earlier death rates represented a much higher percentage of population. Yet no one back then dreamed of locking down economies or quarantining the healthy.

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Chapter 6

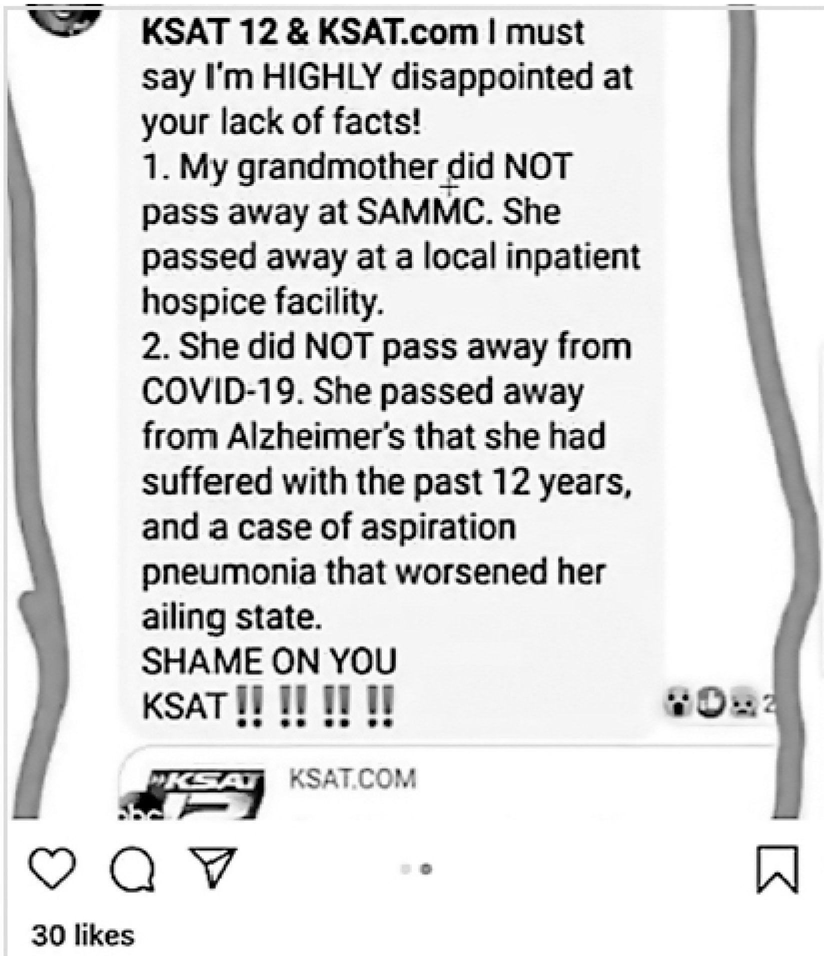
FAKE NEWS STORIES INTENSIFY THE PANIC

Although an orchestrated campaign quickly got underway to censor COVID-19 “fake news” in social media, it would be hard to outdo mainstream media in the “fake news” sweepstakes.

CBS was caught red-handed using Sky News footage of an overcrowded Italian hospital, claiming it was New York.[1] If the pandemic was as bad as mainstream media said, why resort to fakery to convince us?



In San Antonio, station KSAT reported an elderly woman as the first COVID-19 death in that city.[2] An outraged family member responded on social media (I have cropped out the name to respect their privacy):



Los Angeles health officials had to back off claims that a 17-year-old had died from coronavirus, allegedly the first U.S. juvenile to do so. As *Gateway Pundit* reported:

> Remember the 17-year-old Lancaster boy who died from the Coronavirus? The fraudstream media ran searing headlines about the boy's death which was described as the first known "juvenile" to die from the Coronavirus in the US. Well, it turns out this story was a lie. California health officials are now saying they are reevaluating the teen's death, claiming the case is "complex" and needs to be further investigated.… The teenage boy has been dropped from the list of deaths from the Coronavirus in Los Angeles and the CDC will complete the investigation into the boy's death. How many more cases like this are out there?[3]

In July, *The Washington Free Beacon* reported:

> An NBC medical expert who was brought on air nearly a dozen times to detail his struggle with COVID-19 never had the virus, he revealed this week. After believing he had the coronavirus in spite of getting negative tests, virologist and NBC News science contributor Dr. Joseph Fair tweeted Tuesday that he had tested negative for the antibodies and that the illness that hospitalized him in May "remains an undiagnosed mystery."[4]

Like the media, government spokespersons have been hyping "coronavirus deaths." Commentator Candace Owens, who has over two million Twitter followers, responded to COVID fakery in her state:

> As many of you know, I went absolutely crazy the other day when Governor Ned Lamont of Connecticut tweeted a series of tweets where he essentially said that an infant, the first infant mortality linked to COVID-19, happened in the state of Connecticut.… It was the language that he used that let me know that he was lying. He said "linked to COVID-19," which was very strange language. You would never use that language in any other regard. You would say that somebody died from a heart attack, you would say that somebody died from cancer or lost their battle with cancer, which is a little more politically correct, but you don't say "linked to." It's very strange language that let me know that this was a form of political doublespeak. I've been in politics long enough now to know that when politicians lie, they lie by omitting facts.…
>
> I have two sisters that just gave birth for the first time in the last three weeks, so I became a first-time aunt, and they obviously were heavily pregnant when this entire coronavirus thing broke out, and they both gave birth in Connecticut, so this was really a lie that was a bad-luck lie for Governor Lamont, because he couldn't have hit a bigger nerve or a more personal nerve. I know that both of my sisters have been extremely terrified of this COVID-19 thing, and when both of them

discovered this news about the infant death they understandably freaked out.…

Politicians are now lying because they are realizing that the more cases that they have in their state, the more money that they can extract from the federal government.… It is not a coincidence that Illinois and New York and Connecticut and California are the states that are claiming they need the most federal funding. Particularly when you look at New York, you need to do your digging in your research on the healthcare collapse that they were facing before this coronavirus outbreak. Governor Cuomo was having serious budget issues—April 1st was going to be his deadline to figure out where he was going to get the money to sponsor these Medicaid programs that were on the brink of collapse; sixteen hospitals had shuttered since 2003.…

I want to limit the details that I give you here, but I can tell you definitively that the infant that died in Hartford, Connecticut, died of a terrible at-home tragedy.… the infant was brought to the hospital, had already succumbed to its injuries, and so this was not a case where they ever even needed to test for COVID-19. It was an open-and-shut case; they knew exactly what happened, but because of a new process, where no matter how someone dies they are tested for COVID-19. We do this for nothing else. If I died today, dropped dead of a heart attack or an asthma attack . . . they are going to test me for COVID-19 and they are going to say that was a COVID-19 death. This is what happened with this infant. …

It is pointedly ridiculous that Ned Lamont, having known exactly how this infant died … said that the incident was linked to COVID-19, which naturally made every single mother in this country freak out.… this is something that in my opinion, Governor Ned Lamont should be asked to step down—I think you should go to prison personally, I don't think it's enough to step down—I don't think you get to cause mass hysteria like

> that. If someone can go to prison for yelling “fire” in a movie theater, Ned Lamont should have to go to prison for spreading mass hysteria and panic amongst parents by omitting the facts around this case.[5]

As COVID-19 has not, so far, been observed to be deadly to children, another pretext was needed to keep schools closed, and headlines began appearing linking COVID-19 to Kawasaki disease, a systemic inflammatory illness that occurs in children. The UK Kawasaki Disease Foundation responded:

> We’ve been contacted by a huge number of families regarding the severe worry caused by social media and other media coverage on COVID-19 and Kawasaki Disease. A lot of these media articles were confused and contained little factual information.… Based on all available information made available so far we note: The cases being referred to have been reported in approximately 20 children in the UK (out of 11.5 million U.K. children)—of whom half have tested *negative* for COVID-19 according to their doctors.…Fewer cases of Kawasaki Disease than would be normally expected at this time of year are currently being seen—not more.… We are aware of recent delayed presentations of Kawasaki Disease because of initial incorrect diagnoses of COVID-19, resulting in adverse coronary outcomes due to delayed institution of treatment.[6]

As Ann Coulter asks, “How do we flatten the curve on panic?”[7]

Overseas, the situation can even be worse. As *Fort Russ News* reported in June, in a story documented with video footage:

> Members of the Brazilian parliament decided to confirm suspicions and break into a hospital that claimed to have 5,000 infected and 200 deaths from COVID-19, and found that the hospital had grossly over-represented the cases and its claims. There was in fact not a single person, they report, and the

> hospital was entirely empty and was obviously still under construction.
>
> Acting on a tip that something was going wrong at this hospital, five members of the Brazil parliament went to hospitals under encouragement by President Bolsonaro to break in and check to see the number of patients there.…
>
> The governor is apparently defrauding the state and the nation along with the citizen taxpayers, and lying about the stats. This is possibly an embezzlement scheme to help bring down the country, and to push vaccines based upon inflated numbers of COVID-related deaths.
>
> What was more shocking still was the decision to open the coffins supposedly awaiting transport to be buried, of coronavirus victims. Opening the coffins, the MPs were shocked, but not surprised, when they were found to be empty.[8]

But how is it possible to coordinate inflation of the panic by governments *and* media? Through the power of finance, most governments today are not run by "the people," but are under behind-the-scenes oligarchical control, or to use the term popular today, *the Deep State*. This is a topic I won't belabor here, but which I have addressed in my books *Truth Is a Lonely Warrior* and *Thirteen Pieces of the Jigsaw*, and which hundreds if not thousands of other authors have written about. It is not something new. In his 1937 book *America's 60 Families*. Ferdinand Lundberg, one of the most eminent finance journalists of his day, wrote:

> The United States is owned and dominated today by a hierarchy of its sixty richest families.… These families are the living center of the modern industrial oligarchy which dominates the United States, functioning discreetly under a democratic form of government behind which a *de facto* government, absolutist and plutocratic in its lineaments, has gradually taken form since the Civil War. This *de facto* government is actually the government of the United States—

invisible, shadowy. It is the government of money in a dollar democracy.[9]

Lundberg was not a "conspiracy theorist"; he proved what he said through the financial records. The oligarchy Lundberg referred to has increased its power exponentially since 1937. It is international in scope, and controls the central banks and most of the major multinational corporations. As a quick visual example of how politicians are centrally managed, I recommend watching the short YouTube video "Two Prime Ministers, One Speech," on the *UndefeatedArmy09* channel, URL https://www.youtube.com/watch?v=nYfDTsjwE58. In it, the prime ministers of Australia and Canada are seen giving *identical* speeches in 2003 advocating the war in Iraq.

The main reason the oligarchy is generally unknown: it owns, in the United States, more than 90 percent of all major media through five corporations (thanks to mergers, this is down from about 50 corporations in 1983). These five corporations are: Time-Warner; Disney; NewsCorp; CBS/Viacom; and GE. This is not a theory; it can easily be proven. No matter what you are reading or watching, it is likely owned by one of these five. If you watch ABC News, ESPN or Lifetime, you're watching Disney. If you watch Fox or read the *Wall Street Journal* or a book published by HarperCollins, that's NewsCorp. If you watch CNN or read *People* or *Sports Illustrated*, that's Time Warner. These lists could be extended to scores or hundreds for each corporation. Independent mainstream journalism is all but dead in America, and as one evidence for that, people can watch a viral clip of numerous local news anchors—from different networks—reading identical remarks about "fake news" from their teleprompters. This is easy to find on the Internet, but here is one link: "Sinclair's Script for Stations—This Is Extremely Dangerous to Our Democracy" at the *Project 2501* channel at https://www.youtube.com/watch?v=D9rbHpA_6W4.

This is why more and more people, when seeking information, look to independent journalists (such as Candace Owens, James Corbett, and innumerable others)—journalists motivated by the sincere search for truth instead of corporate salaries paid in exchange for promoting agendas.

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CHAPTER 7

AN IMPORTANT DISCLAIMER

Before proceeding further, I wish to stress: I'm not suggesting COVID-19 is not a serious disease. Though retired from nursing, I have front-line contacts who keep me abreast of the realities. One of these is "Doctor B," an MD who has appeared twice on *SGT Report*. Doctor B (whose name is kept private to protect her practice) is a brilliant physician who is completely "red-pilled" politically. Though at one time a hardcore atheist/feminist, she is today a remarkably dynamic Christian. I've had the privilege of meeting her face-to-face.

During the spring of 2020, I asked Doctor B what was happening at the large urban hospital where she works. She confirmed they had many COVID-19 patients. I asked if more people were dying from it than seasonal flu. She said they were. She said that while most infected people get mild to moderate symptoms, a very small percentage experience an extreme reaction where the virus invades the alveoli (the air sacs where oxygen exchange occurs); a hyper auto-immune reaction afflicts the lungs that can quickly turn deadly. Descriptions of this phenomenon, known as a "cytokine storm," can be found abundantly on the Internet; it is the main characteristic that distinguishes COVID from ordinary flu.

Dr. B. also clarified an important point. I mentioned that a number of people had posted social media videos after walking by hospitals and their ERs, observing how quiet they seemed. As a result, some had concluded that no COVID-19 crisis existed—that it was a hoax.

She noted that these videos were well-intentioned, but misleading. Like the rest of the country's businesses, hospitals were in "lockdown"—cancelling non-essential services, elective surgeries, and preventative care. Clinicians who were able to, worked from home. (I know one cancer patient whose doctor gave her examinations on Zoom.) Meanwhile, many people were terrified to visit an ER, fearing COVID-19. This produced an

externally quiet *appearance*, but she told me that her hospital's ICU was "quite busy, but not overwhelmed" with COVID-19 patients.

Nevertheless, Doctor B harbored no doubt that the COVID-19 outbreak is part of the Deep State's "New World Order" agenda.

In ensuing chapters, we will examine how COVID-19 death rates were artificially inflated**. This does not preclude, however, a future turn of events that could sharply increase actual death rates**. In Chapter 26, we will look at ways by which that could happen.

Chapter 8

INFLATING COVID-19 DEATHS: (1) EARLY IN THE PANDEMIC—MISLEADING SAMPLING WEIGHTS AND INACCURATE MODELS

During the early days of the COVID crisis, Vernon Coleman, MD (who I have already quoted) pointed out an obvious flaw in reporting the COVID death rates; disproportionate testing being given to the dying as opposed to those with little or no symptoms:

> The death rate for the coronavirus seems to be very high, or at least we're told it's very high, but let's look at how these figures work. If a hundred people have the coronavirus and four of them die, then the death rate is obviously four percent. If a thousand people have the virus and four of them die, the death rate is 0.4 percent, and so on. But they're only testing for the coronavirus in hospitals, and they're only testing seriously ill patients. So it's a pretty obvious fact that there are an enormous number of people in the community who have the coronavirus, but who haven't been tested and haven't been shown to have the coronavirus. Now that means that the death rate is nowhere near as bad as they're saying it is.[1]

Remarkably, the controversial Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, agreed. In a March 2020 article for the *New England Journal of Medicine*, which he co-wrote with H. Clifford Lane and Robert R. Redfield, Fauci stated:

> Patients had a wide spectrum of disease severity. If one assumes that the number of asymptomatic or minimally symptomatic cases is several times as high as the number of reported cases, the case fatality rate may be considerably less than 1%. This suggests that the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968) rather than a disease similar to SARS or MERS, which have had case fatality rates of 9 to 10% and 36%, respectively.[2]

If, as Dr. Fauci and his colleagues put it, "the overall clinical consequences of COVID-19 may ultimately be more akin to those of a severe seasonal influenza," why then the lockdown? Should America lock down for every future severe flu, contrary to our practices throughout history?

Neil Ferguson was the lead researcher for the Imperial College doomsday computer model that led the UK to be shut down. Anthony Fauci and Deborah Birx also used Ferguson's model in persuading President Donald Trump to put the United States in lockdown.[3] It may be noteworthy that in 2020 alone, the Gates Foundation has so far given at least $79 million to Imperial College.[4]

On May 5, Ferguson resigned from his government advisory position after it was revealed that he was ignoring his own lockdown/social distancing rules by carrying on an affair with a married woman.[5]

Furthermore, Ferguson's computer model—which predicted 2.2 million U.S. deaths from coronavirus—has come under intense fire. As Britain's *Telegraph* reported in May:

> The COVID-19 modelling that sent Britain into lockdown, shutting the economy and leaving millions unemployed, has been slammed by a series of experts.
>
> Professor Neil Ferguson's computer coding was derided as "totally unreliable" by leading figures, who warned it was

"something you wouldn't stake your life on."

The model, credited with forcing the Government to make a U-turn and introduce a nationwide lockdown, is a "buggy mess that looks more like a bowl of angel hair pasta than a finely tuned piece of programming," says David Richards, co-founder of British data technology company WANdisco.

"In our commercial reality, we would fire anyone for developing code like this and any business that relied on it to produce software for sale would likely go bust."[6]

As the *National Review* noted:

Indeed, Ferguson has been wrong so often that some of his fellow modelers call him "The Master of Disaster." . . .

In 2002, Ferguson predicted that, by 2080, up to 150,000 people could die from exposure to BSE (mad cow disease) in beef. In the U.K., there were only 177 deaths from BSE.

In 2005, Ferguson predicted that up to 150 million people could be killed from bird flu. In the end, only 282 people died worldwide from the disease between 2003 and 2009.

In 2009, a government estimate, based on Ferguson's advice, said a "reasonable worst-case scenario" was that the swine flu would lead to 65,000 British deaths. In the end, swine flu killed 457 people in the U.K.

Last March, Ferguson admitted that his Imperial College model of the COVID-19 disease was based on undocumented, 13-year-old computer code that was intended to be used for a feared influenza pandemic, rather than a coronavirus. Ferguson declined to release his original code so other scientists could check his results. He only released a heavily revised set of code last week, after a six-week delay.

So the *real* scandal is: Why did *anyone ever* listen to this guy?[7]

In April 2020, a Stanford University study put the COVID-19 death rate at just 0.12% to 0.2%.[8]

Following the release of the data, Scott Atlas, MD, published an opinion piece for *The Hill* entitled "The Data Is In—Stop the Panic and End the Total Isolation." He wrote:

> The recent Stanford University antibody study now estimates that the fatality rate if infected is likely 0.1 to 0.2 percent, a risk far lower than previous World Health Organization estimates that were 20 to 30 times higher and that motivated isolation policies.… Let's stop underemphasizing empirical evidence while instead doubling down on hypothetical models. Facts matter.[9]

A study at Oxford University, updated on May 26, reached a similar conclusion:

> Taking account of historical experience, trends in the data, increased number of infections in the population at largest, and potential impact of misclassification of deaths gives a presumed estimate for the COVID-19 IFR somewhere between 0.1% and 0.41%.[10]

Nobel Prize-winning scientist Michael Levitt added his voice in an interview video uploaded in May:

> I think that everybody panicked. They were fed incorrect numbers by epidemiologists and you know this, I think, led to a situation—there's no doubt in my mind—when we come to look back on this, the damage done by lockdown will exceed any saving of lives by a huge factor.[11]

In April 2020, Daniel W. Erickson, MD, and Artin Massihi, MD (whom I have previously quoted), gave a briefing after testing thousands of patients for COVID-19. They reported:

> Typically you quarantine the sick. When someone has measles you quarantine them. We've never seen where we quarantine the healthy.…
>
> [T]he initial models were woefully inaccurate. They predicted millions of cases of death, not of prevalence or incidence—but *death*. That is not materializing. What is materializing is, in the state of California is 12% positives. You have a 0.03 chance of dying from COVID in the state of California. Does that necessitate sheltering in place? Does that necessitate shutting down medical systems? Does that necessitate people being out of work?… The more you test, the more positives you get. The prevalence number goes up, and the death rate stays the same.…
>
> The initial models were so inaccurate they're not even correct. And some of them were based on social distancing and still predicted hundreds of thousands of deaths, which has been inaccurate.…
>
> Do we need to still shelter in place? Our answer is emphatically no. Do we need businesses to be shut down? Emphatically no.…
>
> We also need to put measures in place so economic shutdown like this does not happen again. We want to make sure we understand that quarantining the sick is what we do, not quarantine the healthy. We need to make sure if you're going to dance on someone's constitutional rights, you better have a good reason. You better have a really good scientific reason, and not just theory.[12]

As an aside, The Erickson-Massihi briefing received over five million views before being censored by YouTube. Remarkably, even ABC23 in Bakersfield, California—a mainstream news channel—had its short news segment about the briefing deleted by YouTube.[13]

YouTube CEO Susan Wojcicki stated in an interview with CNN: "Anything that goes against World Health Organization recommendations would be a violation of our policy, and so remove is another really

important part of our policy."[14] This is of course, absurd, given that the WHO, whose top financial supporter is the Gates Foundation (after the U.S. defunding announced by Trump), has often waffled and changed its own position on COVID issues like face masks and the disease's contagiousness. How can doctors be censored for contradicting the WHO, when even the WHO contradicts the WHO?

In its article "WHO Exposed: How Health Body Changed Pandemic Criteria to Push Agenda," Britain's *Express* reported:

> In the years following the [H1N1] pandemic, the World Health Organisation (WHO) faced fierce criticism over its handling of the situation. Some medical experts doubted whether the H1N1 outbreak was really a pandemic at all.
>
> Dr. Wolfgang Wodarg, a German doctor and former member of parliament, had been watching the spread of swine flu in Mexico City—where the virus was first recorded—and was puzzled at the reaction of the WHO. In 2010, he said: "What we experienced in Mexico City was a very mild flu which did not kill more than usual—which killed even fewer people than usual".… Dr. Wodarg eventually launched an inquiry into the Swine Flu pandemic and the WHO's dealings with the pharmaceutical industry in the lead up to the H1N1 pandemic. At a council meeting, Dr. Wodarg declared that "all the business deals that had been prepared between individual countries and the pharmaceutical companies were about to be triggered by the WHO." He added: "The relevant contracts were mostly confidential and the companies insist they should never be published."
>
> In the months leading up to the WHO's declaration of the pandemic as a "level 6" contagion—the highest possible level — many countries including Italy, Germany, France and the UK made secret agreements with pharmaceutical companies. These contracts obliged the countries to buy Swine Flu vaccinations only if the WHO raised the pandemic to a level 6.[15]

Clearly, the World Health Organization does not deserve to be the exclusive arbiter of medical truths on platforms such as YouTube.

Tucker Carlson of Fox News, reacting to YouTube's censorship of the Erickson-Massihi video, remarked: "This is not about science; censorship never is about science, it's about power. Big technology companies are using this tragedy to increase their power over the American population.… That is not what science and open inquiry really is about—that you test theories and then you find out what actually is true."[16]

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Chapter 9

INFLATING COVID-19 DEATHS: (2) CONFLATING IT WITH OTHER DISEASES

In Chapter 3, I quoted Professor Klaus Püschel:

> In Hamburg, for example, not a single person who was not previously ill had died of the virus: All those we have examined so far had cancer, a chronic lung disease, were heavy smokers or severely obese, suffered from diabetes or had a cardiovascular disease. The virus was the last straw that broke the camel's back, so to speak.[1]

An April German study puts that country's COVID death rate at 0.37 percent.[2]

Italy, by contrast, had at one time reported headline-grabbing mortality rates near 10 percent. However, as a *Bloomberg* report clarified:

> More than 99% of Italy's coronavirus fatalities were people who suffered from previous medical conditions, according to a study by the country's national health authority. The new study could provide insight into why Italy's death rate, at about 8% of total infected people, is higher than in other countries. The Romebased institute has examined medical records of about 18% of the country's coronavirus fatalities, finding that just three victims, or 0.8% of the total, had no previous pathology. Almost half of the victims suffered from at least three prior illnesses and about a fourth had either one or two previous conditions. More than 75% had high blood pressure, about 35% had diabetes and a third suffered from heart disease. The

> average age of those who've died from the virus in Italy is 79.5.[3]

On April 24, Vittorio Sgarbi, a veteran member of the Italian Parliament, denounced the falsification of COVID-19 statistics in a blazing speech. Excerpts:

> We are on the eve of April 25th and we must be united against dictatorships and united in truth. Let us not make this the House of Lies . . . Do not say 25 thousand dead here too, it is not true! Don't use the dead for rhetoric and terrorism. The data from the Higher Institute of Health say that 96.3% died of other diseases.… The 25,000 dead, as Professor Bassetti said, died of heart attacks, cancer and other diseases.… 25 thousand Coronavirus people didn't die in Italy. That's not true! It's a way to terrorize the Italians and impose a dictatorship of consent: it's ridiculous![4]

In June, a report from Britain's National Health Service revealed that more than 95 percent of all UK "COVID deaths" had pre-existing comorbidities.[5]

This is the norm in America also. People who die from other diseases—cancer, chronic respiratory disease, cardiovascular disease, hypertension, diabetes—are labeled "coronavirus" even though it wasn't the prevailing cause of mortality. As Fox News reported:

> The federal government is classifying the deaths of patients infected with the coronavirus as COVID-19 deaths, regardless of any underlying health issues that could have contributed to the loss of someone's life. Dr. Deborah Birx, the response coordinator for the White House coronavirus task force, said the federal government is continuing to count the suspected COVID-19 deaths. . . "The intent … is if someone dies with COVID-19 we are counting that," she added.[6]

This is happening locally as well as nationally. Dr. Ngozi Ezike, Director of the Illinois Department of Public Health, stated at a press conference:

> If you were in hospice and had already been given a few weeks to live, and then you also were found to have COVID, that would be counted as a COVID death. It means technically even if you died of a clear alternate cause, but you had COVID at the same time, it's still listed as a COVID death. So, everyone who's listed as a COVID death doesn't mean that that was the cause of the death, but they had COVID at the time of the death.[7]

Because people who die of other causes, but happen to test positive for COVID-19, are counted as "COVID-19 deaths," this means the headlines used to panic the public—"latest COVID death totals"—are based on markedly distorted statistics. Lack of an accurate accounting method makes it very difficult to ascertain the true number of U.S. deaths attributable to COVID and not to other more primary conditions. However, if we use the Italian analysis—which determined that well over 95 percent dying with "COVID" had preexisting diseases—then news reports proclaiming 100,000 American COVID deaths might translate, more realistically, to less than 5,000 dying from COVID *alone*. Admittedly this is speculation, since we have been denied honest data, but certainly it's less speculative than the numbers in the "panic headlines."

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Chapter 10

INFLATING COVID-19 DEATHS: (3) DEATH CERTIFICATES

In April, Chris Berg, television host of *Point of View* (KX4 North Dakota), interviewed Scott Jensen, who is a medical doctor, clinical associate professor at the University of Minnesota Medical School, and a state legislator:

> **Jensen***:* In Minnesota, as a physician, I received an email last week from the Department of Health, coaching me on how to fill out death certificates, and I've never really received coaching from the Vital Statistics Agency in terms of how to do a death certificate, but basically I felt like they were saying you don't have to have a confirmed laboratory test for COVID-19 in order to make the death certificate be COVID-19 . . .
>
> **Berg:** Sir, I don't mean to interrupt you with that, but what you just said I think is critically important. Can you repeat what you just said, please?
>
> **Jensen**: Well, last Friday I received a seven-page document that sort of told me that if I had an 86-year-old patient that had pneumonia, but was never tested for COVID-19, but, sometime after she came down with pneumonia, we learned that she had been exposed to her son who had no symptoms, but later on was identified with COVID-19, that it would be appropriate to diagnose on the death certificate COVID-19. Now we've not done that. If someone has pneumonia and it's in the middle of a flu epidemic, and I don't have a test on influenza, I don't diagnose influenza on the death certificate; I will say this elderly patient died of pneumonia.

> **Berg**: I don't mean to interrupt you, but my heart is sinking right now as you're telling me this. You're a doctor. Why in the world would they be sending you out information to fill out death certificates whether the person's been diagnosed with COVID-19 or not, but then to say in the death certificate, this person's death was caused by COVID-19? That does not sound right to me.
>
> **Jensen**: I went to the person in our office who does most of the death certificates over the last, you know, 10, 20 years, and I said does this sound right? I had her look at the documents that I printed off, and she said, well, we've always been told that you always put down just facts, you don't put down any probabilities, you don't put any presumptions down, it's just what you know, and so this is concerning.[1]

Indeed, looking online, the CDC's National Vital Statistics System has mandated that "COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death."[2]

On her Fox News show *The Ingraham Angle*, Laura Ingraham also interviewed Dr. Jensen. She quoted the CDC's own instructions:

> In cases where a definite diagnosis of COVID cannot be made but is suspected or likely (e.g. the circumstances are compelling with a reasonable degree of certainty) it is acceptable to report COVID-19 on a death certificate as "probable" or "presumed."[3]

On the program, Ingraham asked Dr. Jensen about this; he expressed outrage, observing that the CDC's own death certificate manual tells physicians to focus on "precision and specificity." In the same interview, Dr. Jensen also revealed: "Medicare has determined that if you have a COVID-19 admission to the hospital, you'll get paid $13,000; if that COVID-19 patient goes on a ventilator, you get $39,000."[4]

For those who believe the CDC would never falsify statistics, former CBS investigative reporter Sharyl Attkisson has revealed that the CDC did exactly that during the 2009 Swine Flu pandemic. CBS knew, but killed the story. Here is an excerpt of her interview with John Rappoport:

> **Rappoport**: In 2009, you spearheaded coverage of the so-called Swine Flu pandemic. You discovered that, in the summer of 2009, the Centers for Disease Control, ignoring their federal mandate, [secretly] stopped counting Swine Flu cases in America. Yet they continued to stir up fear about the "pandemic," without having any real measure of its impact. Wasn't that another investigation of yours that was shut down? Wasn't there more to find out?
>
> **Attkisson**: The implications of the story were even worse than that. We discovered, through our FOI efforts, that before the CDC mysteriously stopped counting Swine Flu cases, they had learned that almost none of the cases they had counted as Swine Flu was, in fact, Swine Flu or any sort of flu at all! The interest in the story from one [CBS] executive was very enthusiastic. He said it was "the most original story" he'd seen on the whole Swine Flu epidemic. But others pushed to stop it [after it was published on the CBS News website] and, in the end, no [CBS television news] broadcast wanted to touch it. We aired numerous stories pumping up the idea of an epidemic, but not the one that would shed original, new light on all the hype. It was fair, accurate, legally approved and a heck of a story. With the CDC keeping the true Swine Flu stats secret, it meant that many in the public took and gave their children an experimental vaccine that may not have been necessary.[5]

Even the *New York Times* acknowledged in April 2020:

> New York City, already a world epicenter of the coronavirus outbreak, sharply increased its death toll by more than 3,700 victims on Tuesday, after officials said they were now

> including people who had never tested positive for the virus but were presumed to have died of it.[6]

Established in 2011, Project Veritas (www.projectveritas.com) "investigates and exposes corruption, dishonesty, self-dealing, waste, fraud, and other misconduct in both public and private institutions to achieve a more ethical and transparent society." The organization, a go-to site for whistle-blowers, has won plaudits for its unique journalism, often conducted through undercover investigations. In a video uploaded on April 30, 2020, Project Veritas included interviews with several New York funeral home directors. Short excerpt:

> **Joseph Antioco, Funeral Director, Schaefer Funeral Home**: To me all you're doing is padding the statistics. You know, you're putting people on that have COVID-19. If they didn't have it, you're making the death rate for New York City a lot higher than it should be.
>
> **Michael Lanza, Funeral Director, Colonial Funeral Home**: I'll be honest with you, all the death certificates, they're writing COVID on all the death certificates, whether they had a positive test or they didn't. So I think, you know—again, this is my personal opinion—I think the mayor in our city is looking for federal funding, and the more they put COVID on a death certificate, the more they can ask for federal funds, so I think it's political.[7]

Pressure to classify deaths as COVID-19 is not limited to America. Dr. John Lee, a retired professor of pathology in the UK, wrote in *The Spectator*:

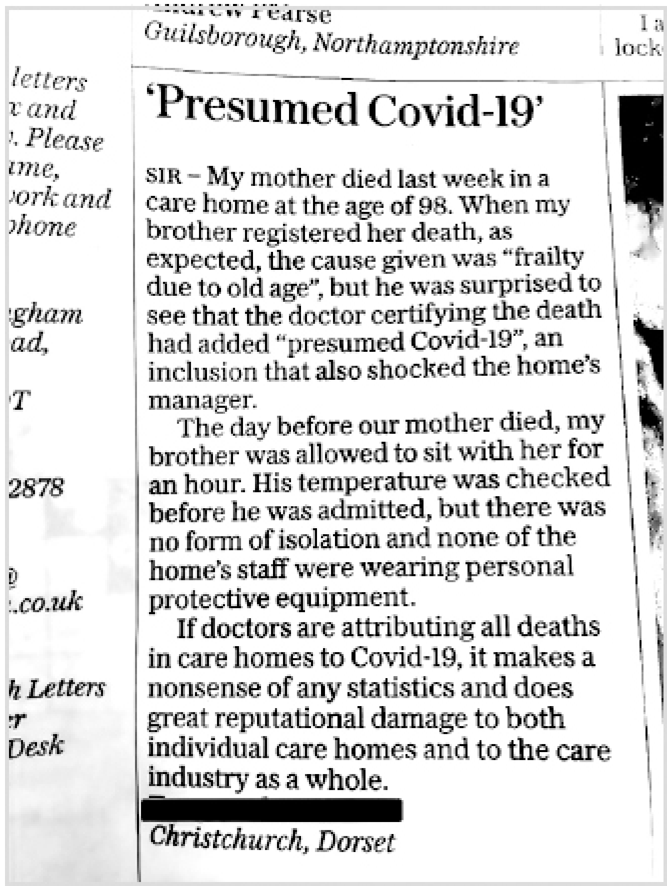
> If someone dies of a respiratory infection in the UK, the specific cause of the infection is not usually recorded, unless the illness is a rare "notifiable disease." So the vast majority of respiratory deaths in the UK are recorded as bronchopneumonia, pneumonia, old age or a similar

> designation. We don't really test for flu, or other seasonal infections.…
>
> Now look at what has happened since the emergence of COVID-19. The list of notifiable diseases has been updated. This list—as well as containing smallpox (which has been extinct for many years) and conditions such as anthrax, brucellosis, plague and rabies (which most UK doctors will never see in their entire careers) has now been amended to include COVID-19. But not flu. That means every positive test for COVID-19 must be notified, in a way that it just would not be for flu or most other infections.[8]

Britain's *The Sun* chimed in:

> Coronavirus fatalities could be "less than half the official toll," a former World Health Organisation chief has said. Prof. Karol Sikora claims that doctors may have marked the virus as the cause of death on certificates if there was "any hint" Covid played a part. The NHS has reported that over 41,000 people have died in hospitals due to the pandemic. But Prof. Sikora said this figure could in fact be much less—as many medics are marking it down without proof it was the main cause. Speaking on the *Planet Normal* podcast, he said the UK's system of recording deaths caused by Covid-19 was different to other countries. In Germany, coronavirus can only be recorded as the cause of death when the end-of-life care team certifies that this was the case.[9]

From the UK, here is a letter to the editor (name blanked out to respect privacy):



Guilsborough, Northamptonshire

‘Presumed Covid-19’

SIR – My mother died last week in a care home at the age of 98. When my brother registered her death, as expected, the cause given was “frailty due to old age”, but he was surprised to see that the doctor certifying the death had added “presumed Covid-19”, an inclusion that also shocked the home’s manager.

The day before our mother died, my brother was allowed to sit with her for an hour. His temperature was checked before he was admitted, but there was no form of isolation and none of the home’s staff were wearing personal protective equipment.

If doctors are attributing all deaths in care homes to Covid-19, it makes a nonsense of any statistics and does great reputational damage to both individual care homes and to the care industry as a whole.

[redacted]

Christchurch, Dorset

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Chapter 11

INFLATING COVID-19 DEATHS: (4) THE NURSING HOME CONTROVERSY

Yet another factor that raised the COVID-19 death rate were state decisions to send COVID patients to nursing homes. The *New York Post* reported on April 26: "Gov. Cuomo doubled down Sunday on the state's controversial directive ordering nursing homes to admit COVID-19 patients."[1] As *Business Insider* noted a month later:

> At least 5,800 people have died in New York nursing homes and adult care facilities.… Gov. Andrew Cuomo's March 25 order that required nursing homes to admit patients who were suspected to have or had tested positive for COVID-19 has been deleted from the state of New York's website, Fox News reported Tuesday.
>
> On Wednesday, the state of New York's website displayed an error message, stating the "page that you are looking for is not found," in place of a link to the original document. The March 25 order is only accessible through an archived version of the webpage, posted by the Internet Archive's Wayback Machine.[2]

Dr. Simone Gold, a board-certified ER physician, and Dr. Dan Wohlgelernter, a 30-year cardiologist trained at Yale University School of Medicine, gave a joint whistle-blowing interview, touching on many aspects of the COVID-19 response, including the nursing home tragedy:

> **Gold:** I think there's going to have to be some reckoning when this is all over, how we really harmed and killed nursing home

patients.

Wohlgelernter: The data certainly were known; we knew this as early as February from China, from Italy, that it was the elderly and frail who were most at risk. So why did Governor Cuomo and his health commissioner force the nursing homes to take patients? Well, it was part of the overall panic that occurred not just in most of society, but in the healthcare industry. The hospitals in New York and throughout the country were afraid that they would be overwhelmed with patients and they wouldn't have sufficient capacity. and they wanted to offload patients who were no longer requiring inpatient, high-intensity care and they said we need to let those people go out of the hospital and— where can you send them? Well, there were places in New York where they could have sent them: the Javits Center, which had been equipped; the Navy ship *Comfort* had been sent to New York Harbor. Instead they were sent to nursing homes, where it created massive death. This was a tragic mistake—you know, just absolute negligence in terms of decision-making.

Gold: The *Comfort* and the Javits Center were shockingly empty, they were almost completely empty, which was amazing. The question of why Governor Cuomo did this is very unpleasant to speculate, but one thing that's for sure is it was absolutely known when he made the decision to let the patients go back to the nursing homes, it was 100% known . . . that it was risky to send the nursing home patients back. You know, the health commissioner of Pennsylvania really had an egregious situation where she took her own mother out of an assisted living facility, but she told the rest of the state that it was perfectly safe to leave your grandparent in an assisted living facility. That's just egregious. There's no question that it was known at the time. I don't know why this was the plan. You know, people always wonder why the deaths were so high

> in New York. There's no question that the nursing home deaths put them over the top.[3]

As *Newsweek* reported on May 13:

> Pennsylvania's Health Secretary Dr. Rachel Levine confirmed on Tuesday that she recently moved her 95-year-old mother out of a personal care home [to a hotel]. Outbreaks in Pennsylvania long-term care facilities make up nearly 70 percent of the state's coronavirus-related deaths and 21 percent of the state's positive cases of the virus.[4]

Although, as we have seen, the true COVID-19 death toll is very sketchy, *Forbes* reported that 42 percent of the deaths nationally were at nursing homes or assisted living facilities.[5]

Rosemary Frei describes a comparable situation occurring in Canada:

> On April 17 the Canadian federal government released information to guide clinicians in rationing healthcare resources during the SARS-CoV-2 epidemic. Unlike at least some other COVID-19-related guidelines issued in the same period, it was not accompanied by a press release; therefore it has flown under the public radar. The document includes an emphasis on age-based rationing. It also explicitly discourages transfer of carehome residents to hospitals:
>
> *Long term care (LTC)[care-home] facilities and home care services will be encouraged to care for COVID-19 patients in place and may be asked to take on additional non-COVID-19 patients/ clients to help relieve pressure on hospitals*.

This is underlined in another place in the document:

> *If COVID-19 does develop in LTC facility residents, they should be cared for within the facility if at all possible, to*

preserve hospital capacity.

> Prohibiting transfer to hospital drastically narrows the treatment options available to care-home residents. There have been transfers of care-home residents to hospitals in Canada during the COVID-19 crisis, but until very recently they have been by far the exception. (Instead, starting in mid-March as part of the clearing out of hospitals to make room for a putative surge in COVID-19 patients, thousands of elderly people were transferred from hospitals to care homes. This likely also contributed to the care-home death toll. More than one journalist has compared care homes to the *Diamond Princess* cruise ship: virus incubators with people trapped inside.)[6]

As a registered nurse who has worked in multiple acute care hospitals as well as in nursing homes during my career, I can state categorically that most nursing homes lack the staffing, equipment, and training needed to deal with acute infectious illnesses. Nursing homes are designed to help the disabled—in particular, of course, the elderly—to maintain basic standards of daily living: nutrition, mobility, bathing, etc. If a nursing home resident ran a fever, our protocol was to send them to the hospital, where diagnostic tests would ascertain the cause of the fever, and where they would receive preliminary treatment—typically antibiotics and intravenous fluids—until they were well enough to return to the nursing home. The political decision to send acutely ill COVID patients into nursing homes was the exact opposite of normal protocols. These homes thus became hotspots for rapid spread of the virus among the most vulnerable—the elderly. Compounding the cruelty of the situation, family members were routinely forbidden to visit, meaning these people had to die alone.

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Chapter 12

ACCURACY OF TESTING

There is also controversy regarding the accuracy of COVID-19 tests. Various tests exist for it globally; some check for antibodies formed by the immune system against the virus; the most widely used is PCR (polymerase chain reaction), which seeks to detect genetic material from the virus.

David Crowe has written a 9,000-word review of COVID-19 testing, documenting many issues with the methods, such as people fluctuating back and forth from "positive" to "negative," and the PCR's failure to isolate the virus itself (as opposed to detecting strands of DNA).[1]

The CDC's own literature warns: "Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms."[2]

Although the mainstream media loves to panic the public with headlines showing the numbers of new coronavirus cases, when those numbers are critically analyzed, they often prove meaningless. For example, at Boston's Pine Street Inn shelter, 146 homeless people tested positive for COVID-19, yet none (zero) exhibited any symptoms of the disease.[3] One would, of course, expect the homeless to be more susceptible to being sick, as they usually do not lead healthy lifestyles. What did these results mean? Are the homeless less vulnerable to the virus because they spend more time outdoors, absorbing the sunlight's vitamin D? One takeaway is that COVID-positive tests are much less significant than the headlines have been implying.

As noted at *Global Research*:

> [T]he PCR works by amplifying minute amounts of DNA. It therefore is useless at telling you how much virus you may have.

> And that's the only question that really matters when it comes to diagnosing illness. Everyone will have a few viruses kicking round in their system at any time, and most will not cause illness because their quantities are too small. For a virus to sicken you, you need a lot of it, a massive amount of it. But PCR does not test viral load and therefore can't determine if it is present in sufficient quantities to sicken you.[4]

Beda M. Stadler, former director of the Institute for Immunology at the University of Bern, writes:

> So if we do a PCR corona test on an immune person, it is not a virus that is detected, but a small shattered part of the viral genome. The test comes back positive for as long as there are tiny shattered parts of the virus left. Correct: Even if the infectious viri are long dead, a corona test can come back positive, because the PCR method multiplies even a tiny fraction of the viral genetic material enough [to be detected].… It is likely that a large number of the daily reported infection numbers are purely due to viral debris. The PCR test with its extreme sensitivity was initially perfect to find out where the virus could be. But this test can not identify whether the virus is still alive, i.e. still infectious. Unfortunately, this also led some virologists to equate the strength of a test result with viral load, i.e. the amount of virus someone can breathe out.[5]

Furthermore, a positive test may result from factors besides COVID-19 infection. In April 2020, Rashid Buttar, MD, stated that patients who had received the trivalent vaccine (a potent flu vaccine for multiple strains) were reading false-positive on COVID tests.[6] This was met with a flurry of "fact-checkers" saying it was fake news. Reuters, for example, said "The claim is not true. Flu shots do not contain the coronavirus that causes COVID-19."[7]

However, this was contradicted by Dr. Judy Mikovits, the PhD biochemist whose book *Plague of Corruption* was the number one best-selling book on Amazon for weeks during 2020. Although not addressing testing specifically, she stated in the film *Plandemic*:

“Coronaviruses are in every animal, so if you’ve ever had a flu vaccine, you were injected with coronaviruses.”[8]

The eminent immunologist Dolores Cahill, PhD, supported Mikovits on this point when she was interviewed by Del Bigtree, host of *The HighWire*:

> **Bigtree**: There’s been a big discussion this week. Judy Mikovits said there’s actually coronavirus in the flu shot. Do you agree with that perspective? . . .
>
> **Cahill:** I agree entirely with Judy . . . what happens is that these vaccines are made sometimes on monkey kidneys, or on different cell lines, and as we know, coronaviruses are actually associated with different animals, so if they use a tissue to make the influenza vaccine, and that tissue comes from a dog or from a monkey, and they intrinsically have coronaviruses, when you’re making a virus you actually often homogenize the tissue—you know, the underlying fetal cell line or the underlying dog tissue or the underlying kidney from a monkey —and so all of the latent viruses that those animals have are then included in the flu that has then been injected into people.[9]

But even if coronaviruses were included in past flu shots, could a test mistake them specifically for the *COVID-19* coronavirus? The World Health Organization says: “Several assays that detect the 2019-nCoV have been and are currently under development, both in-house and commercially. Some assays may detect only the novel virus [COVID] and some may also detect other strains (e.g. SARS-CoV) that are genetically similar.”[10]

Indeed, according to *The Lancet*, the COVID-19 and SARS viruses are 79 percent similar genetically.[11] In another interview, Dolores Cahill pointed out that after the SARS virus circulated the globe beginning in 2003, an estimated 7 to 15 percent of the world population developed antibodies to it. These people, she notes, will test false-positive for COVID-19 in antibody tests.[12]

President John Magufuli of Tanzania, suspicious of the COVID-19 test kits his country was supplied with, reported in May that he had his security

forces covertly submit specimens from a goat, sheep, and pawpaw fruit—and the results came back positive for COVID-19.[13]

On the other hand, I discussed the matter of testing with Doctor B, the highly red-pilled MD I mentioned in Chapter 7, and she told me that while the initial test kits provided by the CDC indeed gave many false positives, her hospital had been able to verify the accuracy of COVID diagnoses through sophisticated methodologies.

Nevertheless, enough questions have been raised, from multiple sources and perspectives, to say that the efficacy of COVID-19 testing is in doubt. Given the widespread efforts to panic the public—as by dishonest efforts to inflate COVID death numbers—it would come as no surprise if COVID testing itself was being abused to further exaggerate the level of infection.

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PART THREE

THEORIES ABOUT THE NATURE OF COVID-19

CHAPTER 13

MAINSTREAM STORY OF THE ORIGIN

Scientists first noted human coronaviruses in the 1960s; they are among the viruses causing the common cold. Like all viruses, they mutate over time. The virus which COVID-19 is attributed to (called SARS-CoV-2) is a variant of the coronavirus, and very similar to coronaviruses found in bats. Early on, the claim was made that the virus originated from people eating bat soup from the Huanan seafood market in Wuhan. Quoting Britain's *The Sun* from February:

> Coronavirus could have spread from bat soup to humans, experts have claimed. Scientists in China, where the deadly coronavirus has killed 26 people, believe the bug shares a common ancestor with a virus found only in fruit bats.… footage and images have since been circulated purporting to show people eating the Chinese delicacy. The outbreak of coronavirus began in the city of Wuhan—which has since been put in lockdown after more than 800 people were infected globally. Bat soup is reported to be an unusual but popular dish particularly in Wuhan, where the virus is understood to have originated at an open air fish market. And scientists claim that the delicacy may have sparked the outbreak.[1]

An early analysis of 41 COVID-infected patients in Wuhan showed that 27 had exposure to the seafood market.[2] However, Chinese authorities were never able to identify "patient zero"—the first person to be infected. Furthermore, there is disagreement as to whether the seafood market in Wuhan actually sold bats. *Live Science* stated: "However, no bats were sold at the Huanan seafood market."[3] More recently, it has been hypothesized

that the virus was transmitted from bats to humans through an intermediary animal, such as pangolins.

However, one thing about which there is no controversy in mainstream media is that COVID-19 had a natural origin—in other words, that it occurred purely by chance. As we will see, there is considerable evidence and informed opinion to the contrary.

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CHAPTER 14

THE BIOWEAPON THEORY

Dr. Shiva Ayyadurai holds four degrees from MIT, including a PhD in biological engineering. In an interview with Gary Franchi of *Next News Network*, he discussed the probability of COVID-19 being engineered, tracing back to Fort Detrick—historically the center of the U.S. biological weapons program, which is now called the U.S. biological *defense* program:

> Some people have asserted that the base sequences there [in the COVID virus] are very difficult to occur in nature, that they were recombined from other components.… The scientific question is the probability of those base sequences being different.… Separate from that, there have been reports that the Wuhan virus was a different strain than the one that was in Iran, versus the one that was in Italy, and there's reports that I've read—I haven't started to verify a lot of this—that all of those different viruses go back to one common branch, which actually goes back to Fort Detrick in the United States, and North Carolina.
>
> And there's other suppositions that the US military or Deep State sent people over to Wuhan, and that's how it got given in China—this is one theory; and the reason this comes up is because if you look at the first 41 cases, they haven't been able to find "case zero," but of the 41 cases, approximately thirteen of these people, they're totally disconnected to these people, so the thesis is that this came from somewhere else into Wuhan. Whether it came in or not, my view is that if you believe in the concept of a set of people who don't care about the U.S. national interest or the Chinese national interest or the Indian national interests or Italian, they care more for their own global interests. And you know nowadays, given the level of collusion

that we've seen that takes place on so many levels, you could view a scenario where it got created by the Deep State and got put out there really to suppress dissent.…

What was going on at this time? Hong Kong was blowing up, remember that? And what people do not know is six months before the coronavirus there were massive anti-pollution protests by Chinese citizens in Wuhan, in the same city where this came from. And remember, you don't protest in China without risking your life. It's not like they have the First Amendment there. So large numbers of people were taking to the street and protesting, tens of thousands, because the Chinese government was going to build one of the largest incinerator plants, which is going to spew out pollution.…

And then also remember in the United States, the anti-vaccine movement was growing, so there's a scenario that becomes to me very interesting. You have Trump, in the United States, could not be taken down from Russian collusion, Trump could not be taken down from impeachment, and how extraordinary is it that this thing comes out, the timeliness of it, you see Hong Kong completely disappear, [which] serves the globalists because, remember, any protests create uncertainty for globalism. You see Wuhan go away, and then you see now an argument saying "Of course we should vaccinate everyone, right?" against the anti-vaccine movement.…

When you're a student of politics and a student of medicine, you start seeing these connections, and you also recognize that the academic elite in this country, it basically practices the oldest profession—no one in the academic elite is saying anything. Fortunately, I don't owe anything to academia, I made my own money by myself. I have the training to call out a guy like a Fauci, to call this out, because I understand the science.[1]

According to his biography at the Illinois College of Law, Professor Francis Boyle "drafted the U.S. domestic implementing legislation for the

Biological Weapons Convention, known as the Biological Weapons Anti-Terrorism Act of 1989, that was approved unanimously by both Houses of the U.S. Congress and signed into law by President George H.W. Bush."[2] In an interview with Jason Liosatis, Dr. Boyle stated:

> I think I found the smoking gun here; there was a recent scientific study[3] published in *Antiviral Research*, 10 February 2020, by three scientists from France and one from Montreal, who did a genetic analysis of the Wuhan coronavirus, and they said it "may provide a gain of function of the 2019 n-coronavirus for efficient spreading in the human population compared to other lineage b beta-coronaviruses." . . . That's the smoking gun for an offensive biological warfare agent; gain-of-function properties is a tip-off. It's only useful for offensive biological warfare activity, and it is typically conducted in either—it's so dangerous—either a bsl-[4] [biosafety level 4] or a bsl-3 facility. And there in Wuhan, you have the only bsl-4 facility in China, so I think it's clear it came out of this lab. Gain-of-function, it means it's DNA-genetically engineered to be more lethal and more infectious. Clearly what we're seeing now with this coronavirus, it is basically SARS, which is already a weaponized version of the coronavirus that has leaked out of that laboratory at least twice before, and then it is given gain-of-function properties . . .
>
> Second, we have an article here from *Nat Med* 2015 December, "SARS-like Cluster of Circulating Bat Coronavirus Pose Threat for Human Emergence."4 This was at the University of North Carolina; in Chapel Hill they have a biosafety lab level 3 there, and I have previously condemned them up for using gain-of-function work on MERS, which is the Middle East respiratory syndrome. It is like SARS, only more dangerous; it has a 33% lethality rate, and they were doing gain-of-function work there to make it even more lethal. … if you read the article, they admit that they were doing this with SARS, that they were giving it gain-of-function activity

> and it turns out part of their team was a researcher from China, Zhengli Shi, "Key Laboratory of Special Pathogens of Biosafety, Wuhan Institute of Biology"… they [China] gave a grant to the University of North Carolina to get their scientist in on this extremely dangerous Nazi-type biological warfare work. So it appears that what happened was, instead of stealing this technology, China bought it from the lab there at the University of North Carolina.… and it also appears that the North Carolina lab got cells from Fort Detrick, which is the U.S. major facility for the research, development, testing, stockpiling of biological weapons.[5]

An analysis of COVID-19 was published by nine scientists from the Indian Institute of Technology and Delhi University. They wrote: "We found 4 insertions in the spike glycoprotein (S) which are unique to the 2019-nCoV and are not present in other coronaviruses." They called the characteristics "uncanny" and "unlikely to be fortuitous"—i.e., improbable to have been produced by chance mutation.[6] Interestingly, the paper is now marked "withdrawn."

Luc Montagnier, awarded a Nobel Prize as co-discoverer of the HIV virus, also says COVID-19 is man-made, and sheds light on why the Indian paper was withdrawn. As *Gilmore Health News* reports:

> According to Professor Luc Montagnier, winner of the Nobel Prize for Medicine in 2008 for "discovering" HIV as the cause of the AIDS epidemic together with Françoise Barré-Sinoussi, the SARS-CoV-2 is a virus that was manipulated and accidentally released from a laboratory in Wuhan, China, in the last quarter of 2019.…
>
> "With my colleague, bio-mathematician Jean-Claude Perez, we carefully analyzed the description of the genome of this RNA virus," explains Luc Montagnier, interviewed by Dr Jean-François Lemoine for the daily podcast at *Pourquoi Docteur*, adding that others have already explored this avenue: Indian researchers have already tried to publish the results of the

analyses that showed that this coronavirus genome contained sequences of another virus . . the HIV virus (AIDS virus), but they were forced to withdraw their findings as the pressure from the mainstream was too great.

In a challenging question, Dr Jean-François Lemoine inferred that the coronavirus under investigation may have come from a patient who is otherwise infected with HIV. “No,” says Luc Montagnier, “in order to insert an HIV sequence into this genome, molecular tools are needed, and that can only be done in a laboratory.”[7]

I’m aware that the British medical journal *The Lancet* issued a brief statement condemning “conspiracy theories suggesting that COVID-19 does not have a natural origin.”[8] This statement has been sharply rebutted by bioweapons expert Meryl Nass, M.D.:

Top scientists circled their wagons to protest against *“conspiracy theories suggesting that COVID-19 does not have a natural origin,”* in a statement published in the *Lancet*.… Many who signed the statement have worked in biodefense.… Five additional scientists soon provided the “scientific evidence” to back up the natural origin claim. These five scientists have been affiliated with signers of the statement above, they too have worked in biodefense, and their article was published in *Nature Medicine* (in the print version) on March 17, 2020.…

These scientists set up a straw man to knock down: they claimed that had the novel coronavirus (SARS-CoV-2 is the official name of the virus) been created in a lab: *“if genetic manipulation had been performed,”* then a known coronavirus backbone would have been used. But because no known backbone forms part of SARS-CoV-2, *“the evidence shows that SARS-CoV-2 is not a purposefully manipulated virus”*.… I know that the groups of scientists who wrote these pieces in the *Lancet* and *Nature* . . . know that you don’t need genetic

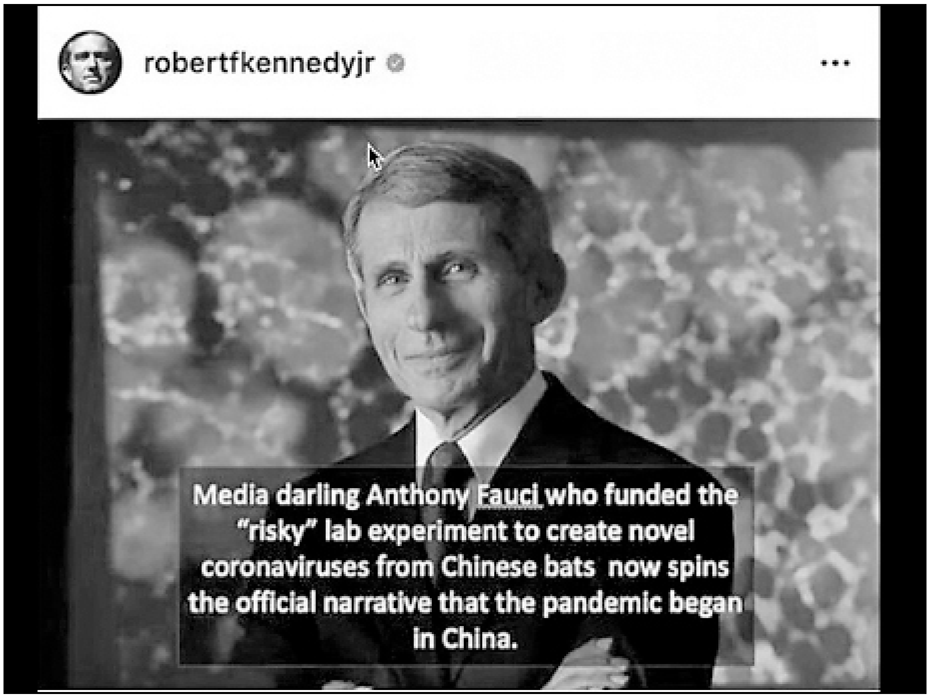
> engineering methods to create a bioweapon. Like me, they are old, they recall a world before genetic engineering, they know the history of biowarfare, and they know the score. Why then are they participating in this charade?… Were I creating a deliberate bioweapon, I would not construct it from published sequences that would suggest a lab origin. I would construct it or choose it to not leave that evidence of its origin.[9]

Sean of *SGT Report* (who interviewed me in April 2020 on COVID-19—the interview was deleted by YouTube and has been moved to Bitchute) called my attention to Rashid Buttar, MD, who I consider among the most compelling COVID-19 analysts. YouTube has censored a number of Dr. Buttar's videos, although you can still find them on his websites. He calls attention to the 2015 article "Engineered Bat Virus Stirs Debate over Risky Research" published in the journal *Nature*. It concerned the controversial virus experiment (mentioned above by Dr. Francis Boyle) undertaken by a team of American and Chinese scientists, including Dr. Zhengli Shi from the Wuhan Level 4 lab, located near the Wuhan seafood market blamed for the outbreak. *Nature* has now added a disclaimer which reads: "We are aware that this story is being used as the basis for unverified theories that the novel coronavirus causing COVID-19 was engineered. There is no evidence that this is true; scientists believe that an animal is the most likely source of the coronavirus." Dr. Buttar observes that the disclaimer does not discredit the article, which he suggests reading straightforwardly. It said, in part:

> An experiment that created a hybrid version of a bat coronavirus—one related to the virus that causes SARS (severe acute respiratory syndrome)—has triggered renewed debate over whether engineering lab variants of viruses with possible pandemic potential is worth the risks.
>
> In an article published in Nature Medicine on 9 November, scientists investigated a virus called SHC014, which is found in horseshoe bats in China. The researchers created a chimaeric [hybrid] virus, made up of a surface protein of SHC014 and the backbone of a SARS virus that had been adapted to grow in

> mice and to mimic human disease. The chimaera infected human airway cells—proving that the surface protein of SHC014 has the necessary structure to bind to a key receptor on the cells and to infect them.…
>
> But other virologists question whether the information gleaned from the experiment justifies the potential risk. Although the extent of any risk is difficult to assess, Simon Wain-Hobson, a virologist at the Pasteur Institute in Paris, points out that the researchers have created a novel virus that "grows remarkably well" in human cells. "If the virus escaped, nobody could predict the trajectory," he says.…
>
> In October 2014, the US government imposed a moratorium on federal funding of such research on the viruses that cause SARS, influenza and MERS (Middle East respiratory syndrome, a deadly disease caused by a virus that sporadically jumps from camels to people).
>
> The latest study was already under way before the US moratorium began, and the US National Institutes of Health (NIH) allowed it to proceed while it was under review by the agency, says Ralph Baric, an infectious-disease researcher at the University of North Carolina at Chapel Hill, a co-author of the study. The NIH eventually concluded that the work was not so risky as to fall under the moratorium, he says.[10]

As Dr. Buttar notes, the man in charge of NIH's infectious disease branch when it approved the study was none other than Anthony Fauci—prompting Robert F. Kennedy, Jr., nephew of President John F. Kennedy, to post the following on social media:



Shedding further light on this, in April 2020 *Newsweek* published an article entitled "Dr. Fauci Backed Controversial Wuhan Lab with Millions of U.S. Dollars for Risky Coronavirus Research":

> But just last year, the National Institute for Allergy and Infectious Diseases, the organization led by Dr. Fauci, funded scientists at the Wuhan Institute of Virology and other institutions for work on gain-of-function research on bat coronaviruses.
>
> In 2019, with the backing of NIAID, the National Institutes of Health committed $3.7 million over six years for research that included some gain-of-function work. The program followed another $3.7 million, 5-year project for collecting and studying bat coronaviruses, which ended in 2019, bringing the total to $7.4 million.
>
> Many scientists have criticized gain of function research, which involves manipulating viruses in the lab to explore their potential for infecting humans, because it creates a risk of starting a pandemic from accidental release.…

> Dr. Fauci did not respond to *Newsweek's* requests for comment.[11]

Fauci has a long association with Bill Gates, who has emerged as the high priest of the drive for a COVID vaccine. As James Corbett notes:

> Beyond just their frequent collaborations and cooperation in the past, Fauci has direct ties to Gates' projects and funding. In 2010, he was appointed to the Leadership Council of the Gates-founded "Decade of Vaccines" project to implement a Global Vaccine Action Plan—a project to which Gates committed $10 billion of funding. And in October of last year, just as the current pandemic was beginning, the Gates Foundation announced a $100 million contribution to the National Institute of Health to help, among other programs, Fauci's National Institute of Allergy and Infectious Diseases' research into HIV.[12]

For those who'd like an inside look at Dr. Fauci's record of corruption and cronyism, I recommend the 25-minute video *Plandemic* featuring comments from Dr. Judy Mikovits, who was persecuted by Fauci after she and her co-researcher Frank Ruscetti discovered that the virus causing Chronic Fatigue Syndrome came from contaminated blood and vaccines. Censored by YouTube, it can be found on Bitchute at https://www.bitchute.com/video/PuY6jzvuRb3i/ (or just search for "Plandemic"). I also recommend Mikovits's best-selling book *Plague of Corruption*.

If, in fact, COVID-19 is a bioweapon, the University of North Carolina experiment may seem a reasonable "likely suspect" for its beginnings, and perhaps the Wuhan Level 4 bioweapons lab for its finalization. However, I'm certainly *not* asserting that it happened that way. Many countries have bioweapon capabilities, including, as Gilad Atzmon has noted, Israel, which is not a signatory to the Biological Weapons Convention.[13] (No one who has read Ronen Bergman's 800-page *Rise and Kill First: The Secret History of Israel's Targeted Assassinations* would doubt the sophistication of Israeli killing methods.)

Also noteworthy: on October 18, 2019, opening ceremonies for the Military World Games, with nearly 10,000 military personnel from 110 nations, took place in Wuhan, China—six weeks before the coronavirus outbreak officially began there. Bioweapons are a military asset; did the Wuhan games act as cover for dispersal of COVID-19?

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CHAPTER 15

ACCIDENTAL LEAK OR DELIBERATE DISPERSION?

If, in fact, COVID-19 is a bioweapon, the question naturally follows: Was it accidentally leaked (as some have suggested, pointing out the proximity of the Wuhan bioweapons lab to the much-maligned seafood market)? Or was it released intentionally?

Several predictive events point to the latter.

• Event 201. As Spiro Skouras reported:

> In this report we take an inside look at Event 201, which took place in NYC on October 18 2019. Event 201 is a high-level pandemic exercise hosted by the Johns Hopkins Center for Health Security in partnership with the World Economic Forum and the Bill and Melinda Gates Foundation. This is extremely fascinating because this pandemic simulation exercise of coronavirus took place about 6 weeks before the first illness from the coronavirus was actually reported in Wuhan China![1]

Event 201's own website states: "Event 201 simulates an outbreak of a novel zoonotic coronavirus transmitted from bats to pigs to people that eventually becomes efficiently transmissible from person to person, leading to a severe pandemic. The pathogen and the disease it causes are modeled largely on SARS, but it is more transmissible in the community setting by people with mild symptoms."[2]

In a disturbing parallel to COVID-19, Event 201 footage shows participants of the exercise openly discussing censorship of alternative media opposition to government measures as "fake news." Here are some excerpts:

Countries are reacting different ways as to how best to manage the overwhelming amounts of dis- and misinformation circulating over the Internet. In some cases, limited Internet shutdowns are being implemented to quell panic.…[3]

I think this is more than just keeping the bad information out. It's also about making sure real public health information reaches the public news, is found from outlets other than social media. News organizations, public health groups and companies need to help people take the right actions to protect themselves by promoting accurate, real information about the outbreak. Okay, for more on this, we're going to get a briefing from our communications expert, Dr. Sell. Global Health experts have highlighted that dis- and misinformation are wreaking havoc on the CAPS [Coronavirus Associated Pulmonary Syndrome] response. Health workers are under attack in a number of locations due to rumors that they're purposely spreading the disease, and response efforts in many places have had to be suspended because of concerns around violence. Pharmaceutical companies are being accused of introducing the CAPS virus so they can make money on drugs and vaccines. And I've seen public faith in their products plummet.…[4]

We know that social media is now the primary way that many people get their news. So interruptions to these platforms could curb the spread of misinformation, but could also limit access to information from legitimate sources.… Some governments have taken control of national access to the Internet. Others are censoring websites and social media content, and a small number have shut down Internet access completely to prevent the spread of misinformation. Penalties have been put in place for spreading harmful falsehoods, including arrests. Other countries have taken a more moderate approach and have focused on promoting fact-checking efforts and working with traditional media outlets.[5]

> But I also think we're at a moment where the social media platforms have to step forward and recognize the moment to assert that they're a technology platform, and not a broadcaster, is over.
>
> They in fact have to be a participant in broadcasting accurate information and partnering with the scientific and health communities to counterweight, if not flood, the zone of accurate information.… [6]
>
> And I know that the Gates Foundation and others are funding organizations to work on things like this, in order that people can actually have more confidence in the sources that they will use in any event.[7]
>
> But one thing we haven't spoken about, and I'm wondering whether it's time to talk about this, is a step up from the part of the government's own enforcement actions against fake news. … where we are able to, to bring forward some bad actors and leave it before the courts to decide whether they have actually spread some fake news.[8]

• Also in 2019, the U.S. government conducted a simulation called "Crimson Contagion," which *Wikipedia* describes as follows:

> Crimson Contagion was a simulation administered by the U.S. Department of Health and Human Services from January to August 2019 that tested the capacity of the U.S. federal government and twelve U.S. states to respond to a severe influenza pandemic originating in China. The exercise, which was conducted months prior to the start of the COVID-19 pandemic, involves a scenario in which tourists returning from China spread a respiratory virus in the United States, beginning in Chicago. In less than two months the virus had infected 110 million Americans, killing more than half a million. The report issued at the conclusion of the exercise outlines the

government's limited capacity to respond to a pandemic, with federal agencies lacking the funds, coordination, and resources to facilitate an effective response to the virus.[9]

- As *True Pundit* reports:

> The Bill and Melinda Gates Foundation helped negotiate who would score a $100 billion government-backed contact tracing contract in August 2019—six months before the "pandemic" arrived in the United States and four months before it swept through China. The shocking revelations were unveiled on the *Thomas Paine Podcast* and the *Moore Paine Show* on Patreon by the two investigators who blew the whistle on the massive Clinton Foundation tax fraud during a Congressional hearing in 2018. John Moynihan and Larry Doyle testified in Congress, detailing the fraud and schemes utilized by the Clintons to avoid paying up to $2.5 BILLION in federal taxes.
>
> The investigative duo, in their first interview since that bombshell Congressional testimony, revealed to Paine that representatives from the Gates Foundation met with U.S. Congressman Bobby L. Rush at a sit-down in Rwanda, East Africa in mid-August 2019 to hash out who would score the windfall from a government contact tracing program. And just last month—nine months after the meetings with the Gates Foundation in Rwanda—Rush, a Democrat from Illinois, introduced the $100 BILLION H.R. 6666, the COVID-19 Testing, Reaching and Contacting Everyone (TRACE) Act.
>
> Rush's bill would establish a program run by the Centers for Disease Control and Prevention (CDC) for national coronavirus testing and contact tracing. Paine has since learned Congressman Rush traveled to Rwanda with his spouse from August 12th to 19th, 2019 to take part in talks and a week-long event underwritten by the Bill and Melinda Gates Foundation and the Rockefeller Brothers Fund. But how can you negotiate

> the byproducts of monitoring a pandemic six to seven months before the outbreak of the virus even happens?[10]

• In January 2020, Netflix released a three-episode documentary called *Pandemic*. Here is a transcript from the trailer (the voices are of various actors):

> A hundred years ago, a deadly influenza virus infected hundreds of millions of people. Somewhere in the order of 50 to 100 million deaths. When we talk about another flu pandemic happening, it's not a matter of if, but when.… This is definitely one of the most lethal influenza viruses that we have seen so far. It just takes one person to start an outbreak. It will leave its mark. The result would be hundreds of millions of people that would likely die. That's why I do what I do. We're making a vaccine that could treat all future versions of flu. This vaccine could eradicate influenza as we know it. The problem's so widespread, the World Health Organization is calling the refusal to vaccinate one of the biggest threats of 2019.… The virus can spread throughout the country; a month after that widespread throughout the world. The next pandemic is going to start; we just don't know where or how, but we know it will. That poses an existential threat to us as a species.[11]

• Before the outbreak, the Israeli firm MIGAL began working on a coronavirus vaccine. The *Jerusalem Post* reported in April 2020:

> Israeli scientists are on the cusp of developing the first vaccine against the novel coronavirus, according to Science and Technology Minister Ofir Akunis. If all goes as planned, the vaccine could be ready within a few weeks and available in 90 days, according to a release. (*Akunis made his statement at the end of February*.)
>
> "Our basic concept was to develop the technology and not specifically a vaccine for this kind or that kind of virus," said Dr. Chen Katz, MIGAL's biotechnology group leader.… "Let's

> call it pure luck," he said. "We decided to choose coronavirus as a model for our system just as a proof of concept for our technology."[12]

• Street demonstrations that had erupted around the world— in Hong Kong, France (the Yellow Vests), Chile, India, protests against 5G, etc., were conveniently halted by the COVID-19 lockdown. (Interestingly enough, it did *not* pose any barrier to the massive looting, arson and violence following the George Floyd incident—which furthered the economic distress caused by the lockdown.)

• For those who understand that the globalist New World Order is Luciferian, COVID-19 was timed so that it cancelled Easter services. Again, I believe this was the first time this had happened *globally* since Christianity was legalized in the 4th century

A.D. In October 2019, the British hard rock band "The Darkness" released an album entitled *Easter Is Cancelled*, certainly an interesting bit of predictive programming.

• The stock market bubble, generated by years of pumping fiat cash into the markets, finally and inevitably collapsed, with the Dow dropping from above 29,000 in February 2020 to below 19,000 in March. Unlike 2008, when bankers were blamed for the crash, COVID-19 conveniently became the scapegoat.

Collectively, there were too many "coincidences" and advance signals of the coming pandemic to dismiss as pure chance. If, then, COVID-19 is a bioweapon, it appears that it was strategically timed. And that means it, or a variation, could be strategically timed again, whenever desired.

The Rockefeller Foundation

Before leaving the subject of advance knowledge of the COVID crisis, note should be made of the Rockefeller Foundation, long notorious for using its tax-free assets to advance geopolitical agendas. In 2010, the Rockefeller Foundation published *Scenarios for the Future of Technology and International Development*. In several ways, the first scenario reads eerily similar to the COVID-19 outbreak:

In 2012, the pandemic that the world had been anticipating for years finally hit. Unlike 2009's H1N1, this new influenza strain—originating from wild geese—was extremely virulent and deadly. Even the most pandemic-prepared nations were quickly overwhelmed when the virus streaked around the world, infecting nearly 20 percent of the global population and killing 8 million in just seven months, the majority of them healthy young adults. The pandemic also had a deadly effect on economies: international mobility of both people and goods screeched to a halt, debilitating industries like tourism and breaking global supply chains. Even locally, normally bustling shops and office buildings sat empty for months, devoid of both employees and customers. The pandemic blanketed the planet—though disproportionate numbers died in Africa, Southeast Asia, and Central America, where the virus spread like wildfire in the absence of official containment protocols. But even in developed countries, containment was a challenge. The United States's initial policy of "strongly discouraging" citizens from flying proved deadly in its leniency, accelerating the spread of the virus not just within the U.S. but across borders. However, a few countries did fare better—China in particular. The Chinese government's quick imposition and enforcement of mandatory quarantine for all citizens, as well as its instant and near-hermetic sealing off of all borders, saved millions of lives, stopping the spread of the virus far earlier than in other countries and enabling a swifter post pandemic recovery.

China's government was not the only one that took extreme measures to protect its citizens from risk and exposure. During the pandemic, national leaders around the world flexed their authority and imposed airtight rules and restrictions, from the mandatory wearing of face masks to body-temperature checks at the entries to communal spaces like train stations and supermarkets. Even after the pandemic faded, this more authoritarian control and oversight of citizens and their activities stuck and even intensified. In order to protect

themselves from the spread of increasingly global problems—from pandemics and transnational terrorism to environmental crises and rising poverty— leaders around the world took a firmer grip on power.

At first, the notion of a more controlled world gained wide acceptance and approval. Citizens willingly gave up some of their sovereignty—and their privacy—to more paternalistic states in exchange for greater safety and stability. Citizens were more tolerant, and even eager, for top-down direction and oversight, and national leaders had more latitude to impose order in the ways they saw fit.[13]

NOTES

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Chapter 16

THE 5G THEORY

Wuhan was China's rollout city for 5G, the 5th generation mobile network that, unlike previous wireless networks, will operate through millions of "small cells" that transmit over short distances. Another major hypothesis circulating in alternative media has been that 5G was the primary cause of the COVID-19 pandemic. YouTube has systematically deleted videos making this assertion. From one perspective, this may validate the videos, given YouTube's record of draconian censorship. On the other hand, there are responsible people in alternative media who argue against, or at least question, a 5G role. For example, activist and blogger Derrick Broze, an opponent of 5G, was interviewed on the *Corbett Report*. Broze did not see 5G as causing the COVID-19 crisis; he pointed out, for example, that he had lived in Houston, an America rollout city for 5G, and no one started having COVID-19 when 5G began there.[1] (However, as 5G operates at widely varying frequencies, and since the initial U.S. rollout was "soft," one could question if this was done so there would be no public alarm and the "frog could be boiled.")

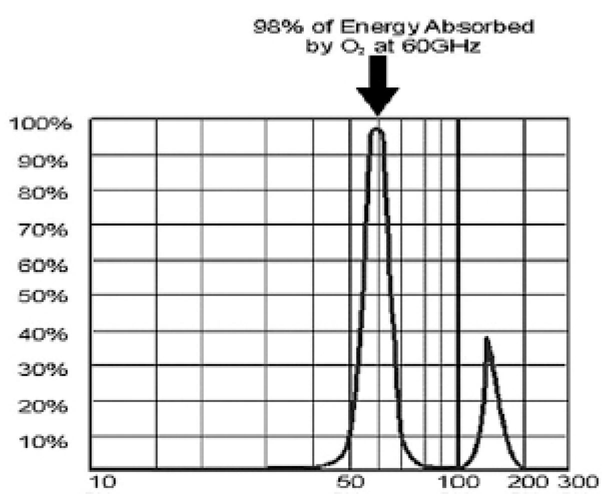
Also, I received an email in April 2020 from 5G Crisis, a leading anti-5G activism website which I subscribe to. While affirming that harm from EMF (electromagnetic field) waves is undeniably well-documented, they asked subscribers to refrain from saying 5G was causing the pandemic—that there was no hard, evidence-based science for this, and that the assertion was causing ridicule of 5G opponents, making their work harder.

Nevertheless, there are responsible scholars who see a possible correlation between COVID and 5G. In February 2020, Dr. Ronald Kostoff of the Georgia Institute of Technology published a 1086-page paper on EMF dangers, *The Largest Unethical Medical Experiment in Human History*.[2] Appendix 5—starting on page 648—is "Potential Impact of Wireless Radiation Exposure on the Opioid Crisis and the Coronavirus

Pandemic." He questions if EMFs contributed to the pandemic by weakening the immune system.

Magda Havas, PhD, did a study showing that, in U.S. states with 5G, both the infection and death rates for COVID-19 were about double that of states without 5G.[3] Others who see a 5G link with COVID-19 include Thomas Cowan, MD, and Robert O. Young, PhD, both of whom YouTube has heavily censored. Cowan calls attention to the work of Arthur Firstenberg, whose book *The Invisible Rainbow* points out that past pandemics—in 1889 (Russian Flu), 1918 (Spanish Flu), 1957 (Asian Flu), and 1968 (Hong Kong Flu)—each corresponded with new electric/electromagnetic rollouts: electric power lines, radio, radar and satellites. He believes that the impact of these on the ionosphere—the Earth's electrical envelope—had negative ramifications for human health. Our nervous systems are, after all, largely electrical; and our bodies themselves, at the most basic level, consist of electrons, protons and neutrons. Firstenberg's book is well-researched and deserves a hearing. If he's right, then 5G's introduction, like previous rollouts, might indeed play a role in the current pandemic.

Shigeaki Hakusui, president of the Harmonix Corporation, wrote an article in 2001 on wireless radiation which states: "At the millimeter wave frequency of 60 GHz, the absorption is very high, with 98 percent of the transmitted energy absorbed by atmospheric oxygen."[4] Here is a graphic from that article:



5G operates at frequencies as low as 450 megahertz, but can go to well above 60 gigahertz.[5] (1 gigahertz is a thousand times stronger than 1 megahertz.) One of the strangest things about the Wuhan outbreak: residents, who appeared healthy and were engaged in routine activities, were photographed suddenly dropping dead. This has led some to ask if they were unable to process oxygen due to directed electromagnetic blasts from Wuhan's network of approximately 10,000 5G antennas. As *Scientists for Wired Technology* has noted:

> The Department of Defense has developed a RF-EMR crowd-control weapon called the Active Denial System (ADS)**.** The ADS works by firing a high-powered beam of 95 GHz waves at people—that is**,** a millimeter wavelength weapon**—**similar to millimeter waves being used for new 5G installations.[6]

During a Congressional hearing, representatives from the telecommunications industry admitted to Connecticut Senator Richard Blumenthal that no safety testing has ever been done on 5G. The exchange went viral and can be watched at (for example) "US Senator Blumenthal Raises Concerns on 5G Wireless Technology Health Risks at Senate Hearing," *Environmental Health Trust* channel, https://www.youtube.com/watch?v=ekNC0J3xx1w.

This complete lack of safety testing for 5G is rather shocking, given the abundant evidence of physical harm from the *less* intense 4G and Wi-Fi, a matter I addressed in an interview with wireless educator Cece Doucette.[7] Peer-reviewed scientific studies have linked wireless radiation to cancer, DNA damage, heart irregularities, lowered sperm counts, and many other health issues. For anyone looking for an introduction to wireless dangers, I recommend downloading the film *Generation Zapped*, winner of the Best Documentary at the 2018 D.C. Independent Film Festival; it includes compelling testimony from leading world scientists, doctors, and public health experts, as well as victims.

NOTES

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Chapter 17

OTHER THEORIES ABOUT COVID-19

Additional explanations for COVID-19 have been advanced that I won't elaborate on at length:

• It is gener ally acknowledged in the scientific community that viruses are not technically living things, and there has long been some debate as to what they actually constitute. In a 38-minute video posted in March 2020, Andrew Kaufman, MD, articulates the view that what is being identified under electron microscopes as the COVID-19 virus is actually identical to *exosomes*—structures which eliminate toxins from cells. Such toxins, he says, could result from various sources, not excluding EMFs. The video may be seen at "A Breakdown on Current Testing Procedures," *Secrets of Saturn*, March 30, 2020, https://www.youtube.com/watch?v=X-r8Dy5mnYx8. Dr. Thomas Cowan, Dr. Robert O. Young, and Arthur Firstenberg, referenced in the preceding chapter on 5G, express an outlook on viruses very similar to Kaufman's.

• Dr. Stephanie Seneff, PhD, a Senior Research Scientist at MIT's Computer Science and Artificial Intelligence Laboratory, makes a case that the reason some people have such a lethal reaction to COVID-19 is exposure to the toxic Monsanto-produced pesticide glyphosate, both in their diet and by inhaling atmospheric glyphosate into their lungs (glyphosate is present in the biofuels increasingly used by vehicles to replace fossil fuels). Dr. Seneff 's paper is called "Connecting the Dots: Glyphosate and COVID-19," and may be read at https://jennifermargulis.net/glyphosate-and-covid-19-connection/.

• Zack Bush, MD, holding an outlook comparable to Seneff 's, points out that the worst-hit regions for COVID death were also areas with the worst air pollution—Wuhan, Northern Italy, New York City. He views lethal cases of COVID as not simply viral, but being caused by hypoxic injury, comparable to cyanide poisoning, and principally aggravated by

exposure to air pollutants—including the airborne glyphosate Seneff alludes to. Bush has elaborated his view in a number of interviews—see, e.g., "Doctor Who Predicted COVID-19 Answers All," *The HighWire with Del Bigtree*, May 8, 2020, https://www.facebook.com/HighWireTalk/videos/783415185521346/.

• Finally, why are antibiotics helping COVID-19 victims, but not antiviral medications? Lawrence Broxmeyer, MD, has written an article for the magazine *Nexus*, proposing that the coronavirus acts as a "passenger virus" for a deadlier lung disease—tuberculosis. Broxmeyer's article, "Questions Raised by the 'New' Coronavirus," may be read at https://www.academia.edu/42205426/Questions_raised_by_the_new_coronavirus.

PART FOUR

THE DEEP STATE'S END-GAME

Chapter 18

POPULATION REDUCTION

The globalist oligarchs have an agenda of population reduction. CNN founder Ted Turner has said: "A total world population of 250-300 million people, a 95 percent decline from present levels, would be ideal."[1] Robert McNamara, former President of the World Bank, calling population growth "the gravest issue the world faces," stated, "Either the current birthrate must come down more quickly, or the current death rates must go up."[2] Zbigniew Brzezinski, long-time architect of U.S. foreign policy, said: "In earlier times it was easier to control a million people, literally, than physically to kill a million people. Today it is infinitely easier to kill a million people than to control a million people."[3] Perhaps most telling for COVID-19 is Prince Philip's remark made in 1988: "In the event that I am reincarnated, I would like to return as a deadly virus in order to contribute something to solve overpopulation."4 These quotes are just a tiny sampling of what can be found out there by looking on search engines for "population control quotes."

In April 2020, former Russian intelligence officer Vladimir Kvachkov gave a televised interview commenting on the population control agenda associated with COVID-19. He also addressed other aspects of the crisis which I find relevant enough to include here. Translated from the Russian:

> **Kvachkov**: The coronavirus phenomenon, that they falsely deem a pandemic, needs to be examined from the perspective of global powers—religious, political, financial, economic and national. The coronavirus phenomenon, the so-called pandemic —and let me tell you, there's no pandemic, it's all a lie—needs to be considered as a global, strategic special operation. This is exactly how you need to think of this thing. These are command and staff exercises of the world's behind-the-scenes

powers on controlling humanity. That is what the goal of this coronavirus is.

I'll repeat it once again, we have little faith in God and even less in the existence of Satan, the enemy of the human race. So, the aim of the behind-the-scenes Zionist and financial powers is reducing the world's population. It's their *idée fixe*. They think there's too many of us ordinary people in the world. There should be around 100 million of their own kind and a maximum of 1 billion people on Earth to serve them. Then they'll be living in abundance here on Earth. Because, us the people, the earthlings—there's too many of us for the behind-the-scenes world powers.

This is why the coronavirus and the financial crisis that has emerged almost immediately—they're inextricably tied to one another. The aim is to stop people's movement around the world, to curtail political freedoms.… The first attempt to take away those rights from people happened on September 11, 2001. Not many seem to remember that, after the so-called attack on the WTC towers, Pentagon and the White House [Kvachkov apparently refers here to the presumed target of Flight 93 which crashed in Pennsylvania] in the USA, the global war on terrorism was declared.… The behind-the-scenes powers created the events of September 11, 2001.

Now they need another excuse for greater control and takeover of humanity. That's how they came up with the coronavirus. Basically, to put it this way, it's not a pandemic, not an epidemic. Even now, I literally looked at the data this morning. 300 people in the world die from it daily. You can imagine what kind of scale this is. Of course, I'm sorry about each person who dies, but 300 people across 7.5 billion people —that's basically nothing.…

Once again, these are command and staff exercises of the behind-the-scenes Zionist and financial liberal world powers with the aim of limiting the political rights that people are basically accustomed to having. Especially in Western Europe.

That's their second goal. The first goal is to reduce the population numbers on Earth. That's their satanic goal. The second, political goal of the behind-the scenes world powers is to seize power, and the third goal is related to finances and power over the economy.

Now is a very important moment. Note, it allegedly started in China. Even though the Chinese are now adamant and report that the coronavirus was created artificially. It has an artificial origin—it's been proven scientifically already. Of course, in every virus, seeing that it's the simplest kind of microorganism—as far as I remember—mutations can happen, but they're of an accidental nature. And when you take the RNA molecule, not DNA—they have RNA—and there's a part of the genome that's clearly been carved out and another one inserted in its place— and this happens three or four times. It is perfectly obvious that the Chinese scientists have figured this out—it was artificially created and purposely spread—initially in Wuhan.…

Accordingly, we as military intelligence, look at "who?"—it is obvious; and "where?"—it is also obvious. Europe and China are two geo-economic adversaries of the USA.…

Interviewer: Of course, we would like to hear your opinion regarding a practical plan of action, how to act, how to protect oneself, some recommendations. Maybe it's not your field of expertise, but maybe you could tell us something.

Kvachkov: I'm, of course, no epidemiologist. Although, you could say I'm a parasitologist, because you have to be one in order to understand the power structures in Russia. So, I'm speaking as a *military* doctor—epidemiologist and parasitologist. Until we're able to get rid of our internal parasites who rule over us, we won't be able to tackle other parasites.[5]

The response to COVID encouraged population reduction in ways that may not be obvious at first glance. The wearing of masks, enforced social distancing, the closing of restaurants and movie theaters—these prevent young men and women from meeting, dating, and beginning the normal types of relationship that leads to marriage and family.

But a very fundamental method of population control is mandatory vaccination. Quoting James Corbett:

> In its 1968 annual report, the Rockefeller Foundation addressed the "Problems of Population," lamenting that "[v]ery little work is in progress on immunological methods, such as vaccines, to reduce fertility, and much more research is required if a solution is to be found here." . . . The Rockefeller's Population Council and other research organizations joined with the World Health Organization (WHO) in 1972 to create a Task Force on Vaccines for Fertility Regulation. By 1995, they were able to report progress in "developing a prototype of an anti-hCG-vaccine."[6]

(hCG stands for human chorionic gonadotropin, a hormone that supports development of an egg in a woman's ovary, and its release during ovulation.)

But as we will see in the next chapter, there is one individual in particular who has come to symbolize the fusion of COVID-19 with vaccines and population control.

NOTES

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CHAPTER 19

BILL GATES

As Bill Gates seems to have emerged as the unofficial "director" of the planet's response to COVID-19, we should know something about his background, besides being Microsoft's co-founder.

• His father, William H. Gates, Jr. was a director of Planned Parenthood,[1] the largest provider of abortions in the U.S.

• Gates was friends with the notorious pedophile Jeffery Epstein, and according to the *New York Times*, met with him many times, even after Epstein was convicted of sex crimes.[2]

• The Bill and Melinda Gates Foundation—America's largest foundation with assets of $46.8 billion—bought half a million shares of Monsanto,[3] infamous for spreading carcinogenic glyphosate across the planet, as well as replacing natural foods with GMOs. The Foundation is also heavily invested in 5G, having purchased 5.3 million shares of Crown Castle International, a major provider of 5G infrastructure.[4]

• In 2018, Britain's *The Telegraph* reported:

> A satellite company planning to launch a $1bn (£700m) network of satellites to provide "live and unfiltered" coverage of the Earth has been backed by former Microsoft chief executive Bill Gates and Japanese tech giant Softbank. The tech leaders are backing EarthNow, which plans to launch 500 satellites to cover Earth's atmosphere in video surveillance and provide live video feedback with only one second of delay.[5]

• In 2019 the *Daily Mail* related:

> Could dimming the sun save the Earth? Bill Gates wants to spray millions of tonnes of dust into the stratosphere to stop

> global warming . . . but critics fear it could trigger calamity.… This is not the crackpot plan of a garden-shed inventor. The project is being funded by billionaire and Microsoft founder Bill Gates and pioneered by scientists at Harvard University.[6]

• Gates is also investing in lab-grown meat to replace the meat we consume. Quoting CNBC:

> Bill Gates has invested in lab-grown meat companies, as has Richard Branson. "Raising meat takes a great deal of land and water and has a substantial environmental impact," Gates wrote on his personal blog, Gatesnotes.com, a few years ago. "Put simply, there's no way to produce enough meat for 9 billion people. Yet we can't ask everyone to become vegetarians. That's why we need more options for producing meat without depleting our resources."[7]

• Gates is even investing in artificial breast milk. *The Science Times* reported in 2020:

> A new and better breast milk alternative has arrived, and it claims to be helpful for the environment as well. The U.S. firm, BIOMILQ, is artificially producing human breast milk from cultured human mammary epithelial cells to be commercially available to consumers. The start-up company has received $3.5 million from an investment fund that is co-founded by Bill Gates, Jeff Bezos, Richard Branson, and Mark Zuckerberg. The fund was established to help prevent the ill effects of climate change brought about by carbon emissions.[8]

From sunlight to food to the human body, Bill Gates wants to replace the natural with the artificial. What's not to love?

• Gates has attended the Bilderberg Group,[9] the shadowy power brokers who meet annually to privately set global public policy. They are described in detail in Daniel Estulin's book *The True Story of the Bilderberg Group*.

• In 2020, Microsoft featured a commercial by the occult "spirit-cooking" artist Marina Abramović, notorious for her cannibalistic art, but was forced to pull it after it received over 25,000 "thumbs down."[10]

• With millions of people impoverished by the lockdown, some wondered why Gates—whose net worth is over $100 billion—was inappropriately beaming and giggling when CNN's Fareed Zakaria told him "The economy's not going to be anything like it was, it's going to take a long time to recover."[11]

• But most relevant to our COVID-19 discussion is Bill Gates's role as a eugenicist. As James Corbett notes:

> And perhaps it was coincidence that the Bill and Melinda Gates Foundation organized their London Summit on Family Planning, at which the Gates recommitted themselves to funding population control in the third world, in July 2012, on the anniversary of the First International Eugenics Congress, held in London exactly 100 years prior."[12]

In a 2010 Ted Talk, Gates stated:

> The world today has 6.8 billion people. That's headed up to about nine billion. Now, if we do a really great job on new vaccines, health care, reproductive health services, we could lower that by, perhaps, 10 or 15 percent.[13]

In his Instagram post of April 9, 2020, Robert F. Kennedy, Jr., nephew of President John F. Kennedy, enumerated many examples of the catastrophes caused by Gates-funded vaccines. Quoting him just partially:

> Gates' obsession with vaccines seems fueled by a messianic conviction that he is ordained to save the world with technology and a god-like willingness to experiment with the lives of lesser humans.
>
> Promising to eradicate polio with $1.2 billion, Gates took control of India's National Advisory Board and mandated 50 polio vaccines (up from 5) to every child before age 5. Indian

> doctors blame the Gates campaign for a devastating vaccine-strain polio epidemic that paralyzed 496,000 children. In 2017, the Indian Government dialed back Gates' vaccine regimen and evicted Gates and his cronies from the NAB. Polio paralysis rates dropped precipitously.…
>
> In 2010, the Gates Foundation funded a trial of a GSK's experimental malaria vaccine, killing 151 African infants and causing serious adverse effects including paralysis, seizure, and febrile convulsions to 1,048 of the 5,049 children.…
>
> In 2010, Gates committed $10 billion to the WHO promising to reduce population, in part, through new vaccines. In 2014, Kenya's Catholic Doctors Association accused the WHO of chemically sterilizing millions of unwilling Kenyan women with a phony "tetanus" vaccine campaign.
>
> Independent labs found the sterility formula in every vaccine tested.
>
> After denying the charges, WHO finally admitted it had been developing the sterility vaccines for over a decade.…
>
> A 2017 study (Morgensen et al., 2017) showed that WHO's popular DTP is killing more Africans than the disease it pretends to prevent. Vaccinated girls suffered 10x the death rate of unvaccinated children. Gates and the WHO refused to recall the lethal vaccine, which WHO forces upon millions of African children annually.…
>
> Gates appears gleeful that the COVID-19 crisis will give him the opportunity to force his third-world vaccine programs on American children.[14]

To amplify, the sterility formula discovered in the African vaccines prevented women from secreting the hormone hCG—the very approach to vaccine-induced sterility that the Rockefellersupported Task Force on Vaccines for Fertility Regulation was developing in the 1990s (mentioned at the end of the preceding chapter).

• For those who'd like more on Gates's background, including some of the mythology surrounding Microsoft's beginnings, in 2020 James Corbett produced a highly informative, scrupulously documented four-part series, *Who Is Bill Gates?*, https://www.corbettreport.com/gates/.

Gates is now at the helm of the "vaccine response" to COVID-19. As we've noted, he helped fund the Event 201 simulation that took place six weeks before the Wuhan outbreak.

How do we know he's not sincere? Personally, I've never seen Gates make any recommendations like building up one's immune system, eating right, taking vitamins C and D, getting fresh air and exercise, etc.—for him, the only answer to COVID-19 seems to be injection by syringe. Since Gates is supposed to be an entrepreneur, it's also noteworthy that his solution to "overpopulation" is *less people*—rather than coming up with innovations, such as making more use of arable land, raising (healthy) crops, housing development, etc.

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Chapter 20

DEEP STATE GOAL #1: GLOBAL VACCINES

Now let's examine the objectives behind the COVID-19 pandemic.

Bill Gates told Chris Wallace of Fox News: "It is fair to say things won't go back to truly normal until we have a vaccine that we've gotten out to basically the entire world."[1] He told CNBC's Becky Quick: "We're gonna have this intermediate period of opening up, and it won't be normal until we get a vaccine to the entire world."[2] He also told *The Daily Show* that he is funding seven "factories" to develop a vaccine for the coronavirus.[3]

Given the global track record of death, paralysis and sterility that Gates's vaccines have caused (enumerated by Robert F. Kennedy, Jr.) and his openly expressed desire *to reduce world population*, would anyone trust a Bill Gates vaccine?

On May 14, 2020, President Trump, stating he was confident a COVID-19 vaccine would be ready by the end of 2020, said "Our military is now being mobilized so at the end of the year, we're going to be able to give it to a lot of people very, very rapidly."[4]

CNBC reported on May 22:

> Secretary of Defense Mark Esper doubled down on Friday by saying the Pentagon will meet an aggressive timeline to have a coronavirus vaccine by the end of the year, a deadline doubted by leading health officials.
>
> "You know, our medical experts, our researchers have been working on this vaccine now, and therapeutics and diagnostics for a few months," Esper explained on NBC's "TODAY." "We've been ahead of the curve and in the fight from day one, and this is the next phase of this battle, and we will deliver on

time the vaccines," he added, saying he was "completely confident" that the Pentagon will deliver.

Esper downplayed characterizations made by health officials that a vaccine within the year would be "aspirational."[5]

One cannot but wonder at this bizarre transformation of the Defense Department (DOD) from a military institution to a vaccine delivery system. On May 12, the DOD announced it had awarded a $138 million contract to ApiJect Systems America "to create a U.S.-based, high-speed supply chain for prefilled syringes beginning later this year . . . suitable for combatting COVID-19."[6]

A commercial for RAPID USA, an ApiJect subsidiary, includes some surprising details. Jay Walker, RAPID's chairman, narrates it:

> Today the world is battling a global pandemic and there's plenty of work to do. Some needs are obvious, like developing medicines and vaccines. Some needs are less obvious, like finding a faster way to put those medicines and vaccines into small glass vials, so every person in America can quickly get vaccinated.…
>
> America has 330 million people, all of whom will likely need two to four injections. That means packaging between 660 million and 1.3 billion doses of a vaccine, which requires an enormous number of glass vials and syringes. We have some of those glass vials and syringes in stockpiles, but not nearly enough.…
>
> These obstacles explain why America's Assistant Secretary for Preparedness and Response and the Strategic National Stockpile, both part of the U.S. Department of Health and Human Services, have teamed up with a U.S. company called ApiJect Systems America, to help package hundreds of millions of doses of vaccines and therapeutics fast. The partnership is called the RAPID Consortium. RAPID will build U.S.-based facilities to make a new kind of plastic prefilled

> syringe at extraordinary speed. These facilities will make enough prefilled syringes to inject every man, woman and child in America with just the right dose 30 days after a vaccine becomes available. Plus every prefilled syringe can have an RFID chip. This will allow healthcare workers to use their mobile phones to automatically capture where and when every injection takes place....[7]

Since RAPID is not a health care or pharmaceutical company, but a syringe manufacturer, one wonders how Walker is so certain that "every man, woman and child in America" will be injected, probably with "two to four doses" of a vaccine that has not even been developed yet. The inclusion of RFID chips (which are displayed in the commercial), add to the Orwellian dimensions.

Canada has also hopped on the syringe bandwagon. The *Toronto Star* reported on June 2:

> Canada is gearing up for an eventual COVID-19 vaccine, having inked a contract to buy 37 million syringes—roughly enough to deliver shots to the country's entire population.[8]

As to the vaccine itself, the *New York Times* reported on June 3: "The Trump administration has selected five companies as the most likely candidates to produce a vaccine for the coronavirus, senior officials said, a critical step in the White House's effort to deliver on its promise of being able to start widespread inoculation of Americans by the end of the year."[9] The five finalists: AstraZeneca, Merck, Pfizer, Johnson & Johnson and Moderna.

The Trump administration is not merely naming favored COVID vaccine developers, but pouring U.S. tax dollars into them. *Reuters* reported in May that "the U.S. Department of Health and Human Services (HHS) agreed to provide up to $1.2 billion to accelerate British drugmaker AstraZeneca's vaccine development and secure 300 million doses for the United States."[10]

On June 8, *Market Watch* reported:

> British drugmaker AstraZeneca has started manufacturing the University of Oxford's potential coronavirus vaccine ahead of trial results and has doubled its capacity to two billion doses. Chief Executive Pascal Soriot said the company wasn't going to wait for clinical results, which it expected to have in August, and had begun manufacturing the experimental vaccine. The pharmaceutical giant, AZN, which has already agreed to provide the U.K. and the U.S. with doses, said it has secured agreements to supply the vaccine to low and middle-income countries through health organizations, including two backed by Microsoft co-founder Bill Gates.[11]

Who ever heard of a company mass-producing a product without even knowing if it works or not? Of course, when gifted with more than a billion taxpayer dollars, risks are easier to take.

Of the five corporate contenders, only one is small and young: Massachusetts-based Moderna Therapeutics. *Bloomberg* reported on April 16: "Moderna Inc. shares rose as much as 21% after the company said the U.S. government has agreed to pay as much as $483 million for the company to develop and test its COVID-19 vaccine now in an initial clinical trial."[12] The Gates Foundation had already pledged up to $100 million to Moderna.[13] As *New Eastern Outlook* reported: "Moderna's other partner is the US National Institute of Allergy and Infectious Diseases (NIAID), a part of the National Institutes of Health (NIH). Head of NIAID is Dr. Anthony Fauci, the person at the center of the Trump Administration virus emergency response."[14]

On May 15, Moncef Slaoui resigned from Moderna's board to become White House director of Operation Warp Speed—the plan to fast-track a COVID vaccine. As Slaoui owned 156,000 stock options in Moderna, this reeked of conflict of interest. Just three days later (May 18) Moderna made headlines with its announcement[15] of preliminary positive test results for its COVID vaccine, and its stock jumped another 15 percent, increasing the value of Slaouis' holdings by $3 million. However, the conflict was too glaring even for mainstream media to ignore, and Slaoui promised to divest himself of his financial interest in Moderna.[16]

Furthermore, Moderna's press release was less impressive once analyzed. As *STAT* noted:

> While Moderna blitzed the media, it revealed very little information—and most of what it did disclose were words, not data.… Even the figures the company did release don't mean much on their own, because critical information—effectively the key to interpreting them—was withheld.… The company's statement led with the fact that all 45 subjects … developed binding antibodies. Later, the statement indicated that eight volunteers … developed neutralizing antibodies. Of the two types, these are the ones you'd really want to see. We don't know results from the other 37 trial participants.… Moderna disclosed the findings from eight subjects because that's all it had at that point.[17]

And as *Need to Know* reports:

> Ian Haydon was one of 15 volunteer test subjects for Moderna's experimental COVID vaccine, and he said that less than 12 hours after vaccination, he suffered muscle aches, vomiting, spiked a 103.2 degree fever, and lost consciousness. Moderna's press release revealed that within 45 days, three volunteers, a shocking 20%, experienced "serious" adverse events and required hospitalization or medical intervention. Moderna let Haydon believe the illness was just a sad coincidence unrelated to the jab. Moderna never told Haydon he was suffering an Adverse Event. On May 7th, he told Sanjay Gupta about his reactions in a pre-interview. The two men agreed to keep this bad news secret when he went on air, which means they lied to the public. Dr. Fauci and Bill Gates are proceeding with their plan to funnel half a billion taxpayer dollars into their project with business partner Moderna to create 30 million doses by November and two billion within a year.[18]

A concern for many is whether or not the COVID vaccine will be mandatory. Associated Press provided a hint in a June 26 news story: “University of Tennessee students will have to get their flu shot this fall and also be immunized for COVID-19 if a vaccine becomes available under an emergency rule unanimously approved Friday by the university’s Board of Trustees.”[19]

In a May 16 interview with Jason Goodman of *Crowdsource the Truth*, famed attorney Alan Dershowitz—whose clients have included Jeffrey Epstein and Harvey Weinstein—expressed his view:

> **Dershowitz**: Let me put it very clearly: You have no constitutional right to endanger the public and spread the disease, even if you disagree. You have no right not to be vaccinated. You have no right not to wear a mask, you have no right to open up your business.
>
> **Goodman**: Wait, can I stop you?—no right not to be vaccinated, meaning if they decide you have to be vaccinated, we have to be vaccinated?
>
> **Dershowitz**: Absolutely, and if you refuse to be vaccinated, the state has the power to literally take you to a doctor’s office and plunge a needle into your arm, if the . . .
>
> **Goodman**: Where is that in the constitution?
>
> **Dershowitz**: . . . if the vaccination is designed to prevent the spreading disease. If the vaccination is only to prevent a disease that *you* will get—for example, if there’s a disease that will kill you—you have the right to refuse that, but you have no right to refuse to be vaccinated against a contagious disease. Public Health, the police power of the Constitution, gives the state the power to compel that, and there are cases in the United States Supreme Court.[20]

Dershowitz's comments won him no fans among civil libertarians, but may have previewed for us the legal pretexts that might be used for a mandatory COVID vaccine. The formula for coercion may quickly move from "You're selfish if don't wear a mask" to "You're selfish if you refuse a vaccine." The Nuremburg Code states: "The voluntary consent of the human subject is absolutely essential." That code applied specifically to medical experiments, but a vaccine developed at "warp speed" will certainly become an experiment on the nation and world. It sounds like we're going to need "red-pilled" attorneys to band together and mount legal challenges to compulsory COVID-19 vaccinations.

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CHAPTER 21

EIGHT REASONS WHY WE DON'T NEED A COVID VACCINE

Let's examine *why* we don't need the coronavirus vaccine Bill Gates clamors for.

(1) According to the Stanford University study we cited previously, the actual death rate for COVID-19 is 0.12 to 0.2 percent.[1] That would make the survival rate at least 99.8 percent. On May 22, even the CDC—which as we have seen, has relied on inflated mortality statistics—reduced its estimated death rate from COVID to 0.26 percent, meaning a survival rate of 99.74 percent.[2]

Why should everyone be forced to take a COVID vaccine, when 99.74 percent (or more) have strong enough immune systems to defeat the disease on their own? For those who *can't* beat it on their own, doctors are already having excellent success with the anti-malarial drug hydroxychloroquine (a derivative of chloroquine) in combination with zinc. So many efforts have been made to suppress this medication that we will devote the next chapter to it.

(2) Another reason why no COVID vaccine is needed is described by Dr. Stefano Montanari, the Italian nano-pathologist, who says:

> The major issue at stake is, or are, the vaccines. The regime that now encompasses the world will force the world to vaccinate–that is to vaccinate with and against a virus that does not give immunity, as this (the coronavirus) is the case.
>
> If 50 years ago, at my exam of pharmacology, I had told my examining professor–who was one of the most knowledgeable pharmacologists of the time–something like that, I would have

> been thrown out of the door. For only an incompetent can imagine a vaccine against a virus that does not give immunity and has no chance of being effective. We are talking about a virus that mutates at very fast speed, and we cannot possibly run after it (its mutations).
>
> It's a virus somehow similar to the cold virus, whose family it belongs to. You can't vaccinate against the common cold because the common cold does not give immunity. In the course of a life, a person can have a cold 200 times, and at no time will that cold give immunity (against the next). It is a colossal fraud. We are close to 8 billion people forced to be vaccinated and it will be an unimaginably enormous business.[3]

To paraphrase: if—as the mainstream media claims— COVID-19 is just a naturally occurring mutation of the coronavirus, a vaccine won't work. Why? Because the coronaviruses—a cause of the common cold—keep mutating into something new; this is why we never get immune to them, and why no one ever developed a vaccine for the common cold. If a COVID-19 vaccine is manufactured, the virus would presumably mutate into something else—meaning the vaccine would become worthless against new variants later on, but you'd still have the vaccine's toxins in your body.

(3) Related to the foregoing point, cold and flu viruses typically run their course and disappear from the scene (to be replaced in the future by mutant varieties). Some authorities believe COVID is doing exactly that—running its course. Sunetra Gupta, Professor of Theoretical Epidemiology at Oxford University, said in a May 21, 2020 interview with *Unherd*: "I think that the epidemic has largely come and is on its way out in this country."[4]

On May 31, *Reuters* reported of Italy:

> "In reality, the virus clinically no longer exists in Italy," said Alberto Zangrillo, the head of the San Raffaele Hospital in Milan in the northern region of Lombardy, which has borne the brunt of Italy's coronavirus contagion. "The swabs that were performed over the last 10 days showed a viral load in quantitative terms that was absolutely infinitesimal compared

> to the ones carried out a month or two months ago," he told RAI television.[5]

Beda M, Stadler, former director of the Institute for Immunology at the University of Bern, wrote in June:

> Sars-Cov-2 isn't all that new, but merely a seasonal cold virus that mutated and disappears in summer, as all cold viri do—which is what we're observing globally right now.… The virus is gone for now. It will probably come back in winter, but it won't be a second wave, but just a cold.[6]

Former Congressman and Presidential candidate Ron Paul, himself a physician, explains that when American death rates dropped, the media switched to "cases":

> For months, the *Washington Post* and the rest of the mainstream media kept a morbid COVID-19 "death count" on their front pages and at the top of their news broadcasts. The coronavirus outbreak was all about the number of dead. The narrative was intended to boost governors like Cuomo in New York and Whitmer in Michigan, who turned their states authoritarian under the false notion that destroying people's jobs, freedom, and lives would somehow keep a virus from doing what viruses always do: spread through a population until eventually losing strength and dying out. The "death count" was always the headline.
>
> But then all of a sudden early in June the mainstream media did a George Orwell and lectured us that it is all about "cases" and has always been all about "cases." Death, and especially infection fatality rate, were irrelevant. Why? Because from the peak in April, deaths had decreased by 90 percent and were continuing to crash. That was not terrifying enough, so the media pretended this good news did not exist.
>
> With massive increases in testing, the "case" numbers climbed. This is not rocket science: the more people you test

> the more “cases” you discover. Unfortunately our mainstream media is only interested in pushing the “party line.” So the good news that millions more have been exposed while the fatality rate continues to decline—meaning the virus is getting weaker—is buried under hysterical false reporting of “new cases.”
>
> Unfortunately many governors, including our own here in Texas, are incapable of resisting the endless lies of the mainstream media. They are putting Americans again through the nightmare of forced business closures, mandated face masks, and restrictions of Constitutional liberties based on false propaganda.
>
> In Texas the “second wave” propaganda has gotten so bad that the leaders of the four major hospitals in Houston took the extraordinary step late last week of holding a joint press conference to clarify that the scare stories of Houston hospitals being overwhelmed with COVID cases are simply untrue. Dr. Marc Boom of Houston Methodist said the reporting on hospital capacity is misleading. He said, “quite frankly, we’re concerned that there is a level of alarm in the community that is unwarranted right now.”
>
> In fact, there has been much reporting that the “spike” in Texas cases is not due to a resurgence of the virus but to hospital practices of COVID-testing every patient coming in for any procedure at all. If it’s a positive, well that counts as a “COVID hospitalization.” Why would hospitals be so dishonest in their diagnoses? Billions of appropriated Federal dollars are being funneled to facilities based on the number of “COVID cases” they can produce. As I’ve always said, if you subsidize something, you get more of it. And that’s why we are getting more COVID cases.[7]

If these doctors are right, and COVID-19 is disappearing, then the media will have a hard time keeping panic going, there should be no need

for a vaccine months down the road, nor is there any point in developing one.

(4) Countries like China and South Korea have already "flattened the curve" on COVID-19 *without a vaccine*. Nations like Taiwan and Sweden have done it without even locking down their economies. (As of July 12, Taiwan, with a dense population of 24 million, had only suffered seven COVID deaths.[8]) This, too, proves no vaccine is necessary.

Of course, if—as we have previously seen scientists conclude—COVID-19 is a bioweapon, then possibly whoever engineered it will also continue dispersing it, or variants of it, around the world, creating the illusion that the pandemic is never-ending.

(5) Dr. Richard Bartlett of Odessa, Texas, has been an emergency physician for 28 years and served on Governor Rick Perry's Health Disparities Task Force. In a July interview on *America Can We Talk?*, Bartlett explained that a major reason nations like Japan, Taiwan and Singapore were having such low COVID death rates was their practice of administering inhaled steroids. Bartlett reported having outstanding success with the same approach, using the inexpensive medication Budesonide, given twice daily by nebulizer. "It's an asthma medicine," he said, "it's a respiratory anti-inflammatory for COVID—which is a respiratory inflammatory disease. And it works, A hundred percent of my patients are alive. I've been treating this since March." Bartlett said that Dr. Fauci's NIH had begun trials on Budesonide, but that it was "set up for failure" by only administering it to patients in the late stages of the disease—in ICUs and on ventilators.[9]

(6) Researchers at Northwestern University have found vitamin D may protect against death from the disease. The *Daily Northwestern* reported:

> A group of Northwestern researchers have recently found a strong correlation between severe vitamin D deficiency and COVID-19 mortality rates. According to a University release, the researchers studied publicly-available global data from the COVID-19 pandemic and observed that patients from countries with high COVID-19 mortality rates had lower levels of vitamin D compared to those from countries that were not

affected as severely.... They also discovered a strong correlation between vitamin D levels and cytokine storm, a hyperinflammatory condition caused by an overactive immune system.[10]

(7) Many of the COVID vaccines being developed are taking us into uncharted territory: genetic vaccines. Companies like Inovio are working on DNA vaccines, while Moderna and Pfizer are developing messenger RNA (mRNA) vaccines. These would work by delivering genetic instructions for making a protein, which would then stimulate the immune system to make antibodies that would fight COVID-19. In other words, they would, however slightly, modify your genetic makeup. As Jon Rappoport of *No More Fake News*—one of the best bloggers on the COVID-19 crisis—says: "RNA vaccines and the technology they use are entirely experimental.... What in the world could possibly go wrong?"[11] No RNA or DNA vaccine has ever been approved for humans before. Why would we want one developed at "warp speed" and then delivered to everyone on the planet without adequate long-term safety testing? We must bear in mind that thanks to the Vaccine Injury Act of 1986, the public cannot sue vaccine manufacturers for injury or death caused by their products. The afflicted parties must go to "Vaccine Court," and if able to prove their claim, are compensated by the Americans taxpayers. Thus vaccine manufacturers have little incentive to make their vaccines safe, since they produce them without risk of liability.

Tal Zaks, chief medical officer of the Gates-backed Moderna, is a former medic in the Israeli Defense Force (IDF). In a TED Talk, he described his company's products as "actually hacking the software of life."[12] As of publication of this book, Moderna had never produced a successful vaccine or brought a single product to market. Yet Zaks has said he is confident that Moderna will be able to produce a billion doses of a COVID vaccine in 2021.[13]

Here is a warning from Carrie Madej, MD:

> [W]hat if our DNA, our genome, is modified and thus can be patented and owned? This is not a sci-fi movie or a future

> event, this is right now today. This is called recombinant DNA and recombinant RNA technology, and this is what is proposed for COVID-19 vaccines. The coronavirus COVID-19 vaccines are designed to make us into genetically modified organisms; that is the same lingo and terminology used for Monsanto seeds. The frontrunners for this recombinant DNA technology are Inovio, which is backed by the Gates Foundation, GlaxoSmithKline and Sanofi. Also Moderna is in there too now, but that's also Gates-backed. I will add that this type of DNA vaccine has never been used on humans before.… They are now proposing to take something we've never used and to inject it into everyone.
>
> Vaccine trials are being fast-tracked at a level and a rate that I have never seen in my life, nor did I ever expect to see this. They are skipping over the animal trials, going directly to human trials. They are not using good scientific methodology at all; they have no randomized placebo-controlled trials for any vaccine, which is the gold standard for any therapy to be approved by the FDA. They're not following any sound scientific protocol to make sure this is safe for us, to make sure it would work for us, to know anything about it, and they want to inject it into everybody.…
>
> The recombinant RNA, recombinant DNA technology would cause permanent and unknown genetic changes in a person's body—permanent. Once their DNA has changed, he or she will live with that change for the rest of their lives. And also the ripple effects from that genetic change—who knows what they could be for the rest of his or her life? There's no going back.[14]

(8) Cytokine storm—the deadly auto-immune response that afflicts a small number of COVID victims—has actually resulted from experimental vaccines in the past. In a guest appearance on *Joni Table Talk*, Robert F. Kennedy, Jr. stated:

Governments have been trying for almost 30 years to develop a coronavirus vaccine and it's been unsuccessful. And beginning in 2002, there were three outbreaks of coronavirus—we called them SARS at that point and MERS. The first SARS was a natural illness that jumped from a bat to human beings. The second two were lab-created that had escaped and infected human beings. And so the government of China and a consortium of Western governments all got together and put millions and millions of dollars into an effort to develop a coronavirus vaccine. And between 2002 and 2014, they worked very hard to do that. And what happened is, they developed about 35 vaccines. and four of them were really promising. They chose the four most promising and they gave them to ferrets, which is the animal that is most analogous to human beings when it comes to upper lung respiratory infections. The ferrets had a brilliant, robust and durable antibody response. But then something horrible happened. When those ferrets were challenged—when they were exposed to the *wild* virus—they got horribly sick, they got inflammation throughout their bodies and they died.

And the scientists remembered that something very similar had happened in 1960s, where they had developed a vaccine for RSV, which is very similar to coronavirus; it's an upper respiratory infection ailment. They had skipped the animals and given them directly to 35 children, and the children again had developed a very robust antibody response. But when those children were exposed to the wild virus, they got very, very sick—much sicker than unvaccinated children. Two of those kids had died; it was a scandal. And they realized when the same thing happened with the ferrets, that there was something that they called enhanced immune response; it's also called pathogenic priming. And what it means is when you get the vaccine, it appears that you have an antibody response, but when you actually encounter the wild virus, you become much

> sicker and it actually creates a pathway that hurts you a lot more than with unvaccinated people.
>
> So this was 2012. In 2014, NIH under Fauci developed a dengue vaccine which had some signals in it that there was pathogenic priming. In other words, in the clinical trials they saw some signs that you could get an antibody response, but get much sicker when you were exposed. But they ignored them. They gave it to the Philippines, and they gave hundreds of thousands of children this vaccine, and when the dengue came around, those children became horribly ill and 600 of them died. And in the Philippines today, people are being criminally prosecuted for that.
>
> So the danger with the coronavirus vaccine is that you really need to test it on animals first to make sure whatever the vaccine is, that we don't get that really great immune response, followed by lethal infections. And it's very very strange to me, and seems almost criminally reckless, that Anthony Fauci is allowing these companies to skip animal trials and to go directly to human trials.[15]

Here is the abstract of the official report from the National Institutes of Health:

> Severe acute respiratory syndrome (SARS) emerged in China in 2002 and spread to other countries before brought under control. Because of a concern for reemergence or a deliberate release of the SARS coronavirus, vaccine development was initiated. Evaluations of an inactivated whole virus vaccine in ferrets and nonhuman primates and a virus-like-particle vaccine in mice induced protection against infection but challenged animals exhibited an immunopathologic-type lung disease.[16]

The question must therefore be raised if a vaccine for COVID-19 might result in a similar deadly outcome: robust antibody reaction, followed by extreme illness when the actual virus is encountered. Is this perhaps even a factor in the deadly "cytokine storm" (autoimmune reaction) that *already*

occurs in a few COVID patients? It would be interesting to see a study undertaken on COVID victims who succumbed to autoimmune reaction, and determine just how many previously received annual free flu shots.

Lest we forget history's lessons, in 1976 President Gerald Ford was persuaded to go on television and tell Americans it was urgent they be inoculated against swine flu. Congress appropriated $136 million for the vaccine's manufacturers. The vaccine paralyzed hundreds of people, at least 25 died, and over a billion dollars in lawsuits resulted. The vaccinations were halted—and the swine flu itself turned out to be no threat at all. I strongly recommend watching the old *Sixty Minutes* segment on the 1976 fiasco, from an era when journalism was more forthright. (At time of publication, it could be found on YouTube as "The Swine Flu Fraud of 1976, on 60 Minutes," the *LibertyArchives3* channel, https://www.youtube.com/watch?v=8elE7Ct1jWw.) *Sixty Minutes* vetted, in depth, how CDC executives colluded with drug manufacturers, suppressed research that had foretold the vaccine could cause neurological damage, and engaged in a disingenuous television marketing campaign, even falsely claiming endorsements from celebrities like Mary Tyler Moore.

The *Sixty Minutes* report underscored the cozy relationships CDC executives have often enjoyed with the pharmaceutical industry. Julie Gerberding, director of the CDC from 2002 to 2009, now heads Merck's vaccine division; in January 2020, she sold over 100,000 shares of Merck stock valued at $9.1 million.[17]

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Chapter 22

THE STORM OVER HYDROXYCHLOROQUINE

Now for a ninth reason we don't need a COVID vaccine. As we saw in the preceding chapter, even according to the CDC in May, the COVID survival rate was 99.74 percent. And here's a way to make the survival rate even higher: Doctors have had excellent success with the anti-malarial drug hydroxychloroquine in combination with zinc or Azithromycin. A study of 1,061 COVID-19 patients, published by the eminent French microbiologist and physician Didier Raoult, found that over 90 percent were cured within 10 days using a combination of hydroxychloroquine and Azithromycin.[1]

Los Angeles emergency medical physician Dr. Anthony Cardillo spoke about hydroxychloroquine with Jory Rand of ABC7 Los Angeles:

> **Cardillo**: What we are finding clinically, with our patients, is that it really only works in conjunction with zinc. Hydroxychloroquine opens the zinc channel, the zinc goes into the cell, it then blocks the replication of the cellular machinery. So it has to be used in conjunction with zinc. We are seeing some clinical responses in that regard. There are people that take it regularly for other disease processes. We have to be cautious and mindful that we don't prescribe it for patients who have COVID that are well. It really should be reserved for people that are really sick in the hospital, or at home, very sick, that need that medication. Otherwise we're going to blow through our supply for the patients who take it regularly for other disease processes.
>
> **Rand**: But what you're saying is you are prescribing it and it is working for COVID-19 patients?

Cardillo: Every patient I have prescribed it to has been very, very ill. And within eight to 12 hours, they were basically symptom-free. And so clinically, I am seeing a resolution that's near to what we saw in the French study and other studies worldwide. But what I am seeing is that people that are taking it alone, by itself, it's is not having efficacy.

Rand: That is very interesting news, and hopefully we can get that worldwide spread.[2]

Laura Ingraham of Fox News interviewed Dr. Ivette Lozano:

Ingraham: My next guest, Dr. Ivette Lozano, says the state pharmacy board is requiring her to reveal patients' medical diagnoses in order to obtain the drug. Dr. Lozano, you're in Texas; isn't that a violation of privacy that you're being questioned as a physician in that manner?

Lozano: Absolutely, and this is what was very alarming to me — when I wrote a prescription and had the pharmacist call me and let me know that he could not fill that without me disclosing the diagnosis of the patient. And so we had a little scuffle on the phone, and I told him that I couldn't do that because of HIPAA laws. And he was insistent that the laws had been changed, and the pharmacy board had passed a mandate that that drug could not be dispensed unless it was accompanied by a diagnosis.

Ingraham: CVS Pharmacy released a statement to the *Ingraham Angle* tonight. Here's what it says: "We balance the off-label use of certain prescription medications to treat COVID-19 pneumonia with ongoing needs of patients who are prescribed these drugs. Our pharmacies make dispensing decisions to help ensure there's adequate supply of medication to meet patient needs while complying with all applicable regulations." Well, a dear friend of mine just told me, Dr.

Lozano, that she was called by the pharmacist and was interrogating her—and this was a CVS pharmacist—interrogating her over a prescription she wrote for hydroxychloroquine for one of her patients. And she said "What are you what are you talking about?" And they were insistent, and she ultimately finally got it, but not without the—you know, the hassle; it's curious given your own experience with this drug.

Lozano: So it's been an extremely difficult situation for me in the last couple of days. Yesterday I wrote five prescriptions for hydroxychloroquine, and I sent them to a pharmacy that I have used for the last 20 years, and I actually got a phone call from the pharmacist, letting me know that she was not going to refill another prescription for me for hydroxychloroquine. And so I told her that she couldn't do that, that these patients were sick, and that if I wrote the prescription, she needed to fill these. And she told me that she was not going to fill another prescription for me, and so I said, "Well, I need your name and I'm going to call the pharmacy board." And she said "I have the right to deny to fill this prescription for you." And so I asked her, "Are you out? Do you not have any?" And she told me that she had 100 pills in the pharmacy, and I told her "Let's just order some more; you can overnight this medication."

Ingraham: It like costs nothing.

Lozano: So the prescription costs $13, and I have so many very, very sick patients in the office, and today was horrible, because I treated 15 people that needed 15 prescriptions, could not go there, had to swarm all over Dallas to try and get these prescriptions.

Ingraham: Dr. Lozano, really quickly, do you find good results giving hydroxychloroquine to mild to moderate patients? Do you find good results?

Lozano: I have severe patients in the office. I have patients that have been diagnosed with pneumonia and been turned away from clinics. I've got patients that have been turned away from hospitals. I've got patients coming in with temperatures of 102.9, white blood cell counts of 17,000, all positive COVID tests. Their physicians are refusing to give them medication for fear that they are going to be in trouble with the licensing board, and the issue we have now is we've got pharmacists that are refusing to fill this medication, and so this is critical now. I have a huge problem on my hands. I have patients that are coming in from Austin, Houston, San Antonio—these are not my patients . . .

Ingraham: This is ridiculous. But just back to the question really quickly—it's working in patients that you've treated, that you've been able to prescribe it to, correct?

Lozano: Every patient that I treated—serious, moderate—has had resolution of symptoms within 24 hours, they are improved within five hours, the fevers are gone within two days. The lung restriction, which is the most important, resolves within about four to five hours. You see dramatic improvement. It's incredible; I'm surprised myself.

Ingraham: Doctor Lozano, I hope the FDA is watching this. People's lives are on the line because of these restrictions, or these warnings I should say, because it's trickling down to the pharmacies and the pharmacies board. You educated a lot of people with this segment tonight; thank you for explaining it to us.[3]

Simone Gold, MD, encountered similar frustrations as Dr. Lozano:

I was actually presented with a definite COVID positive patient, and I prescribed hydroxychloroquine and zinc. Because I was very up on the literature on this, and I got severely

> reprimanded for it, and I also had received a letter from the State Board threatening all doctors—I was just one—with potential investigation into me for unprofessional conduct if I was to prescribe hydroxychloroquine. This was so shocking to me; it had never happened where the government told a physician if they had a right, or not a right to prescribe an FDA-approved medication, I mean that was just a *sui generis* event that that took me by surprise and I thought to myself: if doctors don't speak up, we're really all lost.[4]

It's no surprise that pressure has been exerted from high places to suppress hydroxychloroquine. Not only does this inexpensive medication threaten Big Pharma's profits, it discredits any need for a universal COVID vaccine and all that goes with it.

The Surgisphere scandal appears to have been a product of these circumstances. In June 2020, Britain's *The Guardian* reported:

> The World Health Organization and a number of national governments have changed their COVID-19 policies and treatments on the basis of flawed data from a little-known US healthcare analytics company, also calling into question the integrity of key studies published in some of the world's most prestigious medical journals.…
>
> Two of the world's leading medical journals–the *Lancet* and the *New England Journal of Medicine*–published studies based on Surgisphere data. The studies were co-authored by the firm's chief executive, Sapan Desai. Late on Tuesday, after being approached by the *Guardian*, the *Lancet* released an "expression of concern" about its published study. The *New England Journal of Medicine* has also issued a similar notice. …
>
> The *Guardian*'s investigation has found:
>
> • A search of publicly available material suggests several of Surgisphere's employees have little or no data or scientific background. An employee listed as a science editor appears to

be a science fiction author and fantasy artist whose professional profile suggests writing is her fulltime job. Another employee listed as a marketing executive is an adult model and events hostess, who also acts in videos for organisations.

• The company's LinkedIn page has fewer than 100 followers and last week listed just six employees. This was changed to three employees as of Wednesday.

• While Surgisphere claims to run one of the largest and fastest hospital databases in the world, it has almost no online presence. Its Twitter handle has fewer than 170 followers, with no posts between October 2017 and March 2020.…

• Desai's *Wikipedia* page has been deleted following questions about Surgisphere and his history, first raised in 2010.

On 22 May the *Lancet* published a blockbuster peer-reviewed study which found the antimalarial drug hydroxychloroquine, which has been promoted by Donald Trump, was associated with a higher mortality rate in COVID-19 patients and increased heart problems.…

The *Lancet* study, which listed Desai as one of the co-authors, claimed to have analysed Surgisphere data collected from nearly 96,000 patients with COVID-19, admitted to 671 hospitals from their database of 1,200 hospitals around the world, who received hydroxychloroquine alone or in combination with antibiotics. The negative findings made global news and prompted the WHO to halt the hydroxychloroquine arm of its global trials. But only days later *Guardian Australia* revealed glaring errors in the Australian data included in the study.…

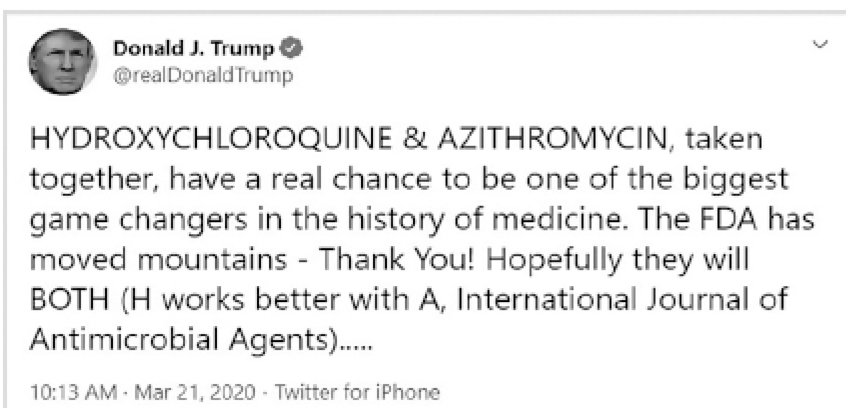
One of the questions that has most baffled the scientific community is how Surgisphere, established by Desai in 2008 as a medical education company that published textbooks, became the owner of a powerful international database. That database, despite only being announced by Surgisphere recently, boasts

access to data from 96,000 patients in 1,200 hospitals around the world.…

Dr. James Todaro, who runs *MedicineUncensored*, a website that publishes the results of hydroxychloroquine studies, said: "Surgisphere came out of nowhere to conduct perhaps the most influential global study in this pandemic in the matter of a few weeks." "It doesn't make sense," he said. "It would require many more researchers than it claims to have for this expedient and [size] of multinational study to be possible."[5]

Dr. Fauci had known that inexpensive chloroquine is effective since 2005, when *Virology Journal*—official publication of Fauci's own National Institutes of Health—published an article, "Chloroquine is a Potent Inhibitor of SARS Coronavirus Infection and Spread."[6] (Genetically, the COVID-19 and SARS viruses are 79 percent similar.[7]) Rather than recommend a treatment already known to work—a medication safely prescribed since the 1940s—Fauci continued to push for a vaccine whose outcome and side effects are unknown, as well as draconian lockdown measures.

The President himself Tweeted:



Later the President said he was personally taking hydroxychloroquine with zinc. His comments triggered a frenzy of media attacks on the drug, based on politics rather than science. Medical doctors Simone Gold and Dan Wohlgelernter said in a joint interview:

Gold: I always want to remind people, this is an FDA-approved drug for 65 years; it's generic, it's cheap, it's widely available, we give it to pregnant women, we give it to breastfeeding women, we give it to elderly patients, we give it to patients who are immune-compromised. Most of those patients are on it for decades; there was never controversy about hydroxychloroquine right up until March 20th, 2020. So I would look at the studies before then; you know, the early studies before Trump said he kind of liked the drug.… I do find the data after Trump thought it was possibly helpful is suspect absolutely . . .

The *Lancet* study and the *New England Journal of Medicine* study both were retracted. I really want to emphasize that's a very rare thing for a world-famous journal to do.… the reason their study was retracted is the data that went into those studies could not be independently verified. You can draw what conclusions from that as you will: Was the data even gathered? Was the data faulty? Was it fabricated? We don't know, because we asked the company that provided the data, a company called Surgisphere, which has been quite secretive to reveal their data and they have absolutely refused. Because they wouldn't reveal their data, those studies had to be retracted by the journals.

Wohlgelernter: Why did this become politicized? The fact is, President Trump first mentioned hydroxychloroquine and advocated for its use as a non-physician in mid-March. But we had data from China and from France well before that in February, showing a significant beneficial impact of hydroxychloroquine. Yet you saw physicians, politicians, journalists saying that hydroxychloroquine is all hype and it's all due to the President pushing it. And that's revisionist history. The fact is there was a great deal of excitement in the medical community internationally a month before President Trump ever mentioned it, because of the data reported from China and from Dr. Raoult in France.

> And it's sad that people used whatever political animosity they had toward the President to attack the medication that in fact had helped many people with coronavirus, and could have helped many more had it and its reputation not been so sullied by political accusations and by poorly designed studies.[8]

In June, despite the Surgisphere scandal and mounting evidence of hydroxychloroquine's effectiveness, the FDA announced:

> Based on ongoing analysis and emerging scientific data, FDA has revoked the emergency use authorization (EUA) to use hydroxychloroquine and chloroquine to treat COVID-19.… We made this determination based on recent results from a large, randomized clinical trial in hospitalized patients that found these medicines showed no benefit for decreasing the likelihood of death or speeding recovery.… The FDA is aware of reports of serious heart rhythm problems in patients with COVID-19 treated with hydroxychloroquine.…[9]

The World Health Organization quickly followed suit. On June 18, the Associated Press reported:

> The World Health Organization's top scientist [Soumya Swaminathan] says it's now been definitively proven that the cheap malaria drug hydroxychloroquine—the drug favored by President Donald Trump—doesn't work in stopping deaths among people hospitalized with the new coronavirus.…
>
> The UN health agency announced this week that it is suspending the hydroxychloroquine arm of its own trial testing various experimental therapies for COVID-19, referring to previous results from a large UK trial and a separate analysis of evidence on the drug.[10]

The trials Swaminathan referred to were the "Solidarity" and "Recovery" trials. Marlin Nass, MD, debunked these in her article "WHO

and UK Trials Use Potentially Lethal Hydroxychloroquine Dose—According to WHO Consultant.” Excerpts:

> Last week, I was alerted to the fact that India’s ICMR, its official medical research agency, had written to the WHO, telling WHO that the hydroxychloroquine doses being used in the Solidarity trial were 4 times higher than the doses being used in India. Then I learned that Singapore had been hesitant to participate in the WHO trial due to the hydroxychloroquine dose.
>
> The UK “Recovery” trial was very similar to, but not part of, the international Solidarity conglomeration of clinical trials. The Recovery trial ended its HCQ arm on June 4, reporting no benefit. In-hospital mortality of the 1,542 patients receiving hydroxychloroquine was 25.7%, or 396 deaths, about 10% higher than those receiving standard care, a non-significant difference.
>
> The UK Recovery trial Study Protocol notes it is funded in part by the Wellcome Trust and the Bill and Melinda Gates Foundation, and by UK government agencies.… Twitter users began to notice a dosing problem, with hashtag #RecoveryGate.…
>
> The doses used in these trials are not recommended for therapy of any medical condition, which I confirmed with Goodman and Gilman’s Pharmacology textbook, the drug’s US label, and the online subscription medical encyclopedia *UptoDat*e.
>
> To sum up:
>
> 1. In the UK Recovery trial, and in WHO Solidarity trials, HCQ is used in a non-therapeutic, toxic and potentially lethal dose.
>
> 2. HCQ is furthermore being given, in clinical trials, too late in the disease course to determine its value against SARSCoV-2.…
>
> The conclusions to be drawn are frightening:

a) WHO and other national health agencies, universities and charities have conducted large clinical trials that were designed so hydroxychloroquine would fail to show benefit in the treatment of Covid-19, perhaps to advantage much more expensive competitors and vaccines in development, which have been heavily supported by Solidarity and Recovery trial sponsors and WHO sponsors.

b) In so doing, these agencies and charities have *de facto* conspired to increase the number of deaths in these trials.

c) In so doing, they have conspired to deprive billions of people from potentially benefiting from a safe and inexpensive drug, when used properly, during a major pandemic. This might contribute to prolongation of the pandemic, massive economic losses and many increased cases and deaths.[11]

In contrast to the WHO, India's *Hindustan Times* reported:

No major side-effects of antimalarial drug Hydroxychloroquine (HCQ) have been found in studies in India and its use can be continued in preventive treatment for COVID-19 under strict medical supervision, the Indian Council of Medical Research (ICMR) said on Tuesday. The ICMR's statement came against the backdrop of the World Health Organization (WHO) temporarily suspending the testing of the drug as a potential treatment for COVID-19 over safety concerns.…

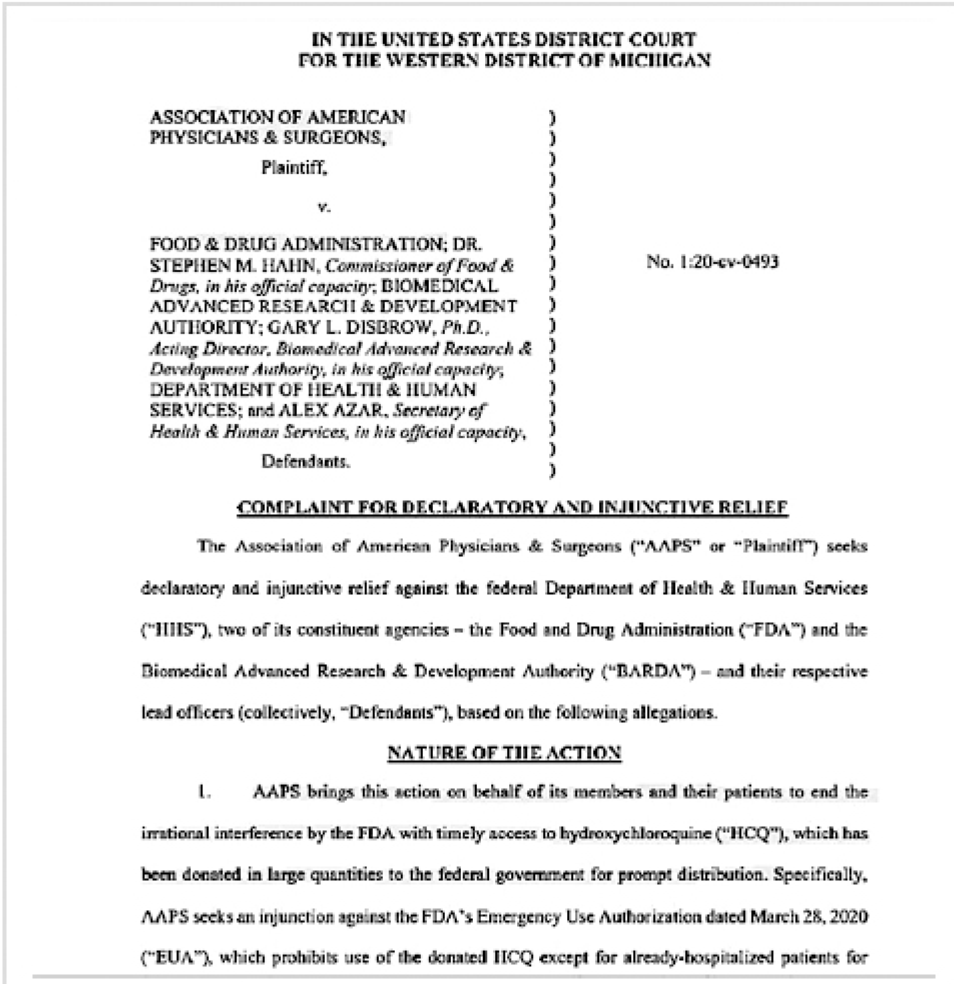
The ICMR in its revised advisory on May 22 recommended use of the HCQ as a preventive medication for COVID-19 for asymptomatic healthcare workers in non-COVID hospitals and frontline staff on surveillance duty in containment zones and paramilitary/police personnel involved in coronavirus related activities.

Besides, the drug was also recommended for all asymptomatic healthcare workers involved in containment and treatment of COVID-19 and household contacts of laboratory-

> confirmed cases.… Another investigation from three central government hospitals here indicates that amongst healthcare workers involved in COVID-19 care, those on HCQ prophylaxis were less likely to develop SARS-CoV-2 infection, compared to those who were not on it.[12]

In June, *Gateway Pundit* reported:

> The Association of American Physicians and Surgeons (https://aapsonline.org) filed a lawsuit [on June 2] against the Department of Health and Human Services and the FDA for "irrational interference" by the FDA with timely access to hydroxychloroquine. Never in history have we seen such a determined effort by the scientific community and pharmaceutical industry to downplay and lie about the use of a successful drug to treat a deadly disease.
>
> Hydroxychloroquine is the first choice in a study of 6,000 doctors treating the coronavirus. In the field and in independent testing hydroxychloroquine displayed amazing results in treating the COVID-19 virus. But there was great pushback against hydroxychloroquine for two reasons. The first reason was because it was safe and very inexpensive. The second reason is because Donald Trump promoted its use.[13]



IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MICHIGAN

ASSOCIATION OF AMERICAN PHYSICIANS & SURGEONS,

Plaintiff,

v.

FOOD & DRUG ADMINISTRATION; DR. STEPHEN M. HAHN, *Commissioner of Food & Drugs, in his official capacity*; BIOMEDICAL ADVANCED RESEARCH & DEVELOPMENT AUTHORITY; GARY L. DISBROW, *Ph.D., Acting Director, Biomedical Advanced Research & Development Authority, in his official capacity*; DEPARTMENT OF HEALTH & HUMAN SERVICES; and ALEX AZAR, *Secretary of Health & Human Services, in his official capacity*,

Defendants.

No. 1:20-cv-0493

COMPLAINT FOR DECLARATORY AND INJUNCTIVE RELIEF

The Association of American Physicians & Surgeons ("AAPS" or "Plaintiff") seeks declaratory and injunctive relief against the federal Department of Health & Human Services ("HHS"), two of its constituent agencies – the Food and Drug Administration ("FDA") and the Biomedical Advanced Research & Development Authority ("BARDA") – and their respective lead officers (collectively, "Defendants"), based on the following allegations.

NATURE OF THE ACTION

1. AAPS brings this action on behalf of its members and their patients to end the irrational interference by the FDA with timely access to hydroxychloroquine ("HCQ"), which has been donated in large quantities to the federal government for prompt distribution. Specifically, AAPS seeks an injunction against the FDA's Emergency Use Authorization dated March 28, 2020 ("EUA"), which prohibits use of the donated HCQ except for already-hospitalized patients for

An unpleasant truth is that neither the FDA nor the WHO operate simply for the public good. Like the CDC, FDA officials enjoy "revolving door" relationship with Big Pharma. As *Regulatory Focus* noted in 2018:

> It's well known that leaving the US Food and Drug Administration (FDA) for industry can bring a major salary bump, so it should come as no surprise that the number of FDA employees making the leap in 2018 continues to increase.
>
> Biotech company Moderna announced Wednesday that Wellington Sun, former director of the Division of Vaccines and Related Product Applications at FDA's Center for Biologics Evaluation and Research, will be their new head of vaccine strategy and regulatory affairs.

> Last month, Patrick Frey, chief of staff at FDA's Office of New Drugs (OND), left to join Amgen as director of global regulatory policy.
>
> And former OND director John Jenkins was appointed in June to the board of directors of Corbus Pharmaceuticals. Also in June, Elaine Morefield, former deputy office director for review and administration at FDA, was appointed director of product quality at Aclaris Therapeutics, while Gerald Masoudi, former FDA chief counsel, was appointed chief legal officer at Juul Labs.
>
> That news follows the departure of Gayarti Rao, former director of FDA's Office of Orphan Products Development, who moved over to Rocket Pharmaceuticals in May.
>
> Meanwhile, 20-year FDA veteran Badrul Chowdhury, most recently director of the Center for Drug Evaluation and Research's (CDER) Division of Pulmonary, Allergy and Rheumatology Products, took a job in April as senior vice president at AstraZeneca.
>
> Sarah Pope Miksinski, former director of the Office of New Drug Products in FDA's Office of Pharmaceutical Quality, left the agency in February, also for AstraZeneca. And in July 2017, Geoffrey Kim, former director of FDA's Division of Oncology Products, moved to AstraZeneca to become its VP of oncology and head of oncology strategic combinations.
>
> Jean-Marc Guettier, former director of FDA's Division of Metabolism and Endocrinology Products, left FDA in December 2017 for Sanofi, while Niraj Mehta, former associate director for global regulatory policy at FDA moved over to Merck as a director in March 2018.…[14]

And after Trump pulled U.S. funding of the World Health Organization, its largest financial backer became the vaccine-centric Bill and Melinda Gates Foundation.

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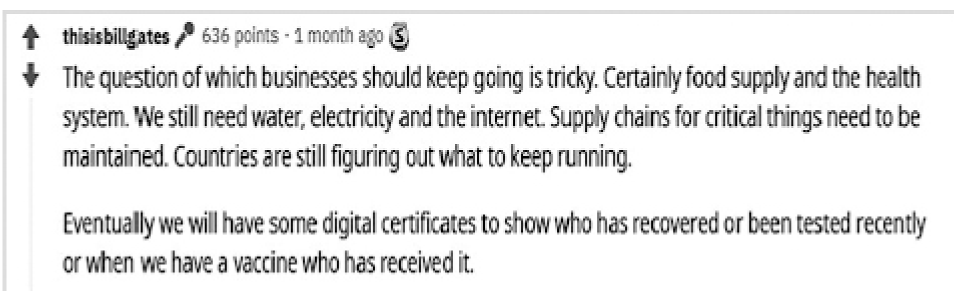
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Chapter 23

DEEP STATE GOAL #2: GLOBAL DIGITAL ID

In the future, in order to travel, shop and work, you will probably require proof of vaccination. CNN's Alisyn Camerota asked Dr. Fauci, "Can you Imagine a time where Americans carry certificates of immunity?" He responded: "That's possible. It's one of those things that we talk about when we want to make sure we know who the vulnerable people are and not. This is something that's being discussed. I think it might actually have some merit under certain circumstances."[1]

Although many people envision this as a paper certificate, Bill Gates wants it *digital*. He has stated: "Eventually we will have some digital certificates to show who has recovered or been tested recently or when we have a vaccine who has received it." Screen shot:



thisisbillgates 636 points · 1 month ago

The question of which businesses should keep going is tricky. Certainly food supply and the health system. We still need water, electricity and the internet. Supply chains for critical things need to be maintained. Countries are still figuring out what to keep running.

Eventually we will have some digital certificates to show who has recovered or been tested recently or when we have a vaccine who has received it.

How does one create a "digital" certificate? According to Rice University, this would amount to a "quantum-dot tattoo."

> Kevin McHugh, an assistant professor of bioengineering at Rice since this summer, and a team at his previous institution, the Massachusetts Institute of Technology, report in a cover story in Science Translational Medicine on their development of quantum-dot tags that fluoresce with information after they're injected as part of a vaccination.

> The tags are incorporated in only some of the array of sugar-based microneedles on a patch. When the needles dissolve in about two minutes, they deliver the vaccine and leave the pattern of tags just under the skin, where they become something like a bar-code tattoo.
>
> Instead of ink, this highly specific medical record consists of copper-based quantum dots embedded in biocompatible, micron-scale capsules. Their near-infrared dye is invisible, but the pattern they set can be read and interpreted by a customized smartphone.…
>
> "The Bill and Melinda Gates Foundation came to us and said, 'Hey, we have a real problem—knowing who's vaccinated,'" said McHugh, who was recruited to join Rice with funding from the Cancer Prevention and Research Institute of Texas. "They said, 'We go on vaccination campaigns where people get into Hummers, drive to a rural village, set up a tent and start immunizing people, but they don't always know who's been immunized before and what vaccines are still needed.'"[2]

Bill Gates has long been interested in implantable human devices. James Corbett reports:

> In 2014 it was announced that Microchips Biotech, Inc., a company in Lexington, Massachusetts, had developed a new form of birth control: "a wireless implant that can be turned on and off with a remote control and that is designed to last up to 16 years." According to *MIT Technology Review*, the idea originated when Bill Gates visited Robert Langer's MIT lab in 2012 and asked him if it would be possible to create an implantable birth control device that could be turned on or off remotely. Langer referred Gates to the controlled release microchip technology he had invented and licensed to MicroCHIPS Biotechnology, and the Gates Foundation granted $20 million to the firm to develop the implants.[3]

Add to this the ID2020 Alliance, which seeks to make digital IDs a global phenomenon. Its home page displays the Microsoft logo, along with the logo of Gavi—the Vaccine Alliance that partners vaccine manufacturers with the World Health Organization and World Bank, and which has received more than $4 billion from the Gates Foundation.[4] In September 2019 *Biometric Update* reported:

> The ID2020 Alliance has launched a new digital identity program at its annual summit in New York, in collaboration with the Government of Bangladesh, vaccine alliance Gavi, and new partners in government, academia, and humanitarian relief.… Digital identity is a computerized record of who a person is, stored in a registry. It is used, in this case, to keep track of who has received vaccination.… "Digital ID is being defined and implemented today, and we recognize the importance of swift action to close the identity gap," comments ID2020 Executive Director Dakota Gruener.[5]

Gates stated in a speech at the Financial Inclusion Forum in 2015:

> Every country really needs to look through these KYC—know your customer—rules to make sure that customers are able to prove who they are. But of course in many countries you don't have any type of ID system. And the lack of an ID system is a problem, not just for the payment system, but also for voting and health and education and taxation. And so it's a wonderful thing to go in and create a broad identification system.
>
> Again, India is a very interesting example of this, where the Aadhaar system, which is a 12-digit identifier that's correlated to biometric measures, is becoming pervasive throughout the country and will be the foundation for how we bring this lowcost switch to every mobile phone user in India. The same type of thing is happening now in Pakistan, and there's early beginnings of creating these ID programs in Africa as well.

> We expect to be able to use the IDs so that when you show up for any government service—say, you walk into a primary health clinic—we'll be able to take that bio ID very quickly and bring up your electronic health record. Even if you've moved from one part of the country to the other, you will be well tracked and well served without nearly as much paperwork or waiting. And so the ID system is foundational.[6]

Obviously, Bill Gates does not see digital ID as merely a tool for recording vaccinations.

In the UK, it was no surprise when Tony Blair, perennial spokesman for the British Establishment, added his voice to the call for a global ID. The *Daily Mail* reported:

> People will need a new form of "digital ID" so they can prove their "disease status" as the world moves out of lockdown, Tony Blair has said. The former Prime Minister said that only if people can show easily whether they are clear of coronavirus will industries like international travel be able to restart. Speaking at the virtual CogX technology conference, Mr. Blair said that such a system would operate alongside track and trace programmes as the economy reopens.…
>
> Mr. Blair had previously urged the Government to set up a mass testing programme which would see the bulk of the UK population checked for coronavirus, saying it is the only way to prevent a second outbreak.…
>
> "It is a natural evolution of the way that we are going to use technology in any event to transact daily life and this COVID crisis gives an additional reason for doing that.… There has always been a good case for introducing some form of digital ID, but I think that case is even more powerful today."[7]

In July 2020, *Mint Press News* reported how digital ID, vaccination records and payment processing are being integrated into a single system, using Africa as a testing ground:

A biometric digital identity platform that “evolves just as you evolve” is set to be introduced in “low-income, remote communities” in West Africa thanks to a public-private partnership between the Bill Gates-backed GAVI vaccine alliance, Mastercard and the AI-powered “identity authentication” company, Trust Stamp.

The program, which was first launched in late 2018, will see Trust Stamp’s digital identity platform integrated into the GAVI-Mastercard “Wellness Pass,” a digital vaccination record and identity system that is also linked to Mastercard’s click-to-play system that [is] powered by its AI and machine learning technology called NuData. Mastercard, in addition to professing its commitment to promoting “centralized record keeping of childhood immunization” also describes itself as a leader toward a “World Beyond Cash,” and its partnership with GAVI marks a novel approach towards linking a biometric digital identity system, vaccination records, and a payment system into a single cohesive platform. The effort, since its launch nearly two years ago, has been funded via $3.8 million in GAVI donor funds in addition to a matched donation of the same amount by the Bill and Melinda Gates Foundation.

In early June, GAVI reported that Mastercard’s Wellness Pass program would be adapted in response to the coronavirus (COVID-19) pandemic. Around a month later, Mastercard announced that Trust Stamp’s biometric identity platform would be integrated into Wellness Pass as Trust Stamp’s system is capable of providing biometric identity in areas of the world lacking internet access or cellular connectivity and also does not require knowledge of an individual’s legal name or identity to function. The Wellness Program involving GAVI, Mastercard, and Trust Stamp will soon be launched in West Africa and will be coupled with a Covid-19 vaccination program once a vaccine becomes available.[8]

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CHAPTER 24

DEEP STATE GOAL #3: CASHLESS SOCIETY

We've obviously been heading into a cashless society for some time, with electronic transactions—credit cards and debit cards—increasingly replacing money. China—which many view as a prototype for a technocratic totalitarian world government— is virtually cashless now.[1] Even street beggars there take digital handouts in lieu of cash.

James Corbett notes:

> In 2012, the Bill and Melinda Gates Foundation helped found the "Better Than Cash Alliance," which brings together governments, international organizations and the private sector "to accelerate the transition from cash to digital payments globally."[2]

The coronavirus crisis has accelerated the drive for a cashless planet. The online journal *Euromoney* noted in its article "Cashless after COVID-19?":

> When the World Health Organization released a statement on March 9 recommending that people turn to cashless transactions to fight the spread of COVID-19, a number of governments and retailers across the world took action.… Some retailers have banned the use of cash in their stores to keep employees and customers safe, opting for contactless payments instead.… This could be the push needed for some countries to become truly cashless.[3]

Money is considered "dirty." After all, it could carry that invisible bogeyman, the COVID-19 virus. It's not difficult to see where this could

lead. If a digital tattoo could store your vaccine information, a small upgrade would enable it to store your financial information. As we saw at the end of the last chapter, a system that integrates digital identity, vaccine records and payments processing is already being tested in Africa.

Most of us, at some time, have known that unpleasant feeling of swiping a credit card that doesn't work. What happens when our digital tattoo won't let us buy food, gasoline, or a bus ticket, because we aren't up to date on vaccines, or have in some other way become unacceptable to the government? This is truly the realm of *1984* and *Brave New World*, and I think it appropriate to now quote the Book of Revelation, 13:16-17:

> And the second beast required all people small and great, rich and poor, free and slave, to receive a mark on their right hand or on their forehead, so that no one could buy or sell unless he had the mark.

Revelation tells us that the Antichrist will rule the planet. To *govern the world* requires a *world government*. This too has been a Deep State objective for many decades, as I documented in my 1988 book *The Shadows of Power*. So it was no surprise to read this in the March 26, 2020 *Guardian:*

> Gordon Brown has urged world leaders to create a temporary form of global government to tackle the twin medical and economic crises caused by the COVID-19 pandemic. The former Labour prime minister, who was at the centre of the international efforts to tackle the impact of the near-meltdown of the banks in 2008, said there was a need for a taskforce involving world leaders, health experts and the heads of the international organisations that would have executive powers to coordinate the response.…
>
> "This is not something that can be dealt with in one country," he said. "There has to be a coordinated global response." …Brown said his proposed global taskforce would fight the crisis on two fronts. There would need to be a

> coordinated effort to find a vaccine, and to organise production, purchasing and prevent profiteering.[4]

World government has long been equated with a one-world currency. In 1944, Federal Reserve Board Chairman Martin Eccles said: "An international currency is synonymous with international government."[5] Just as the European Union has been a regional stepping stone toward a one-world government, so is its "euro" a stepping stone toward a world currency. Looking further back, at the end of World War II, the establishment of the United Nations (incipient world government) coincided with establishment, at the Bretton Woods Conference, of the World Bank and IMF (world financial system). At Bretton Woods, John Maynard Keynes proposed a world currency called *bancor*, but the plan was then considered too radical to gain international acceptance. However, we may now be on the threshold of world currency, but in a form we didn't foresee back then—digital.

This appears to correlate with what Deep State oligarchs are calling "the Great Economic Reset," whose pretext is the economic distress caused by the global COVID lockdown. Brandon Smith summarized the situation well writing for *Alt Market*:

> For those not familiar with the phrase "global economic reset," it is one that has been used ever increasingly by elitists in the central banking world for several years. I first heard it referenced by Christine Lagarde, the head of the IMF at the time, in 2014. The reset is often mentioned in the same breath as ideas like "the New Multilateralism" or "the Multipolar World Order" or "the New World Order." All of these phrases mean essentially the same thing.…
>
> Many alternative economists often wrongly attribute the Fed's habit of making things worse to "hubris" or "ignorance." They think the Fed actually wants to save the financial system or "protect the golden goose," but this is not reality. The truth is, the Fed is not a bumbling maintenance man, the Fed is a saboteur, a suicide bomber that is willing to destroy even itself

as an institution in order to explode the US economy and clear the path for a new globally centralized one world system. Hence, the "Global Reset"….

Now in 2020 we see the globalist plan coming to fruition, with the elites revealing what appears to be their intent to launch their reset in 2021. The World Economic Forum officially announced the Great Reset initiative as part of their COVID Action Platform last week, and a summit is scheduled in January 2021 to discuss their plans more openly with the world and the mainstream media.

The WEF also posted a rather bizarre video on the Reset, which consists of a series of images of the world falling apart (and images of factories releasing harmless carbon emission into the air, which I suppose is meant to scare us with notions of global warming). The destruction is then "reset" at the push of a button, with everything reversing back to a pristine human-less world of nature and the words "Join Us"….

The goal is rather obvious—Terrify the population with poverty, internal conflicts and a broken supply chain until they lobby the establishment for help. Then, offer the "solution" of medical tyranny, immunity passports, martial law, a global economic system based on a cashless digital society in which privacy in trade is erased, and then slowly but surely form a faceless "multilateral" global government which answers to no one and does whatever it pleases.

I remember back in 2014 when Christine Lagarde first began talking about the reset. That same year she also made a very strange speech to the National Press Club in which she started rambling gleefully about numerology and the "magic number 7". Many within the club laughed, as there was apparently an inside joke that the rest of us were not privy to. Well, I would point out that the World Economic Forum meeting on the global reset in 2021 will be held exactly 7 years after Lagarde gave that speech. Just another interesting coincidence I suppose…[6]

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Chapter 25

CONTACT TRACING/ SURVEILLANCE STATE

With the arrival of COVID-19, the Rockefeller Foundation swiftly and arbitrarily assigned itself a leadership role. It issued a 29-page *National COVID-19 Testing Action Plan*. The foreword reads:

> Testing is our way out of this crisis. Instead of ricocheting between an unsustainable shutdown and a dangerous, uncertain return to normalcy, the United States must mount a sustainable strategy with better tests and contact tracing, and stay the course for as long as it takes to develop a vaccine or cure. Any plan to do so must win the faith of private and public sector leaders across the country, and of individual Americans that they and their loved ones will be safer when we begin to return to daily life.
>
> The Rockefeller Foundation exists to meet moments like this. In the past two weeks we have brought together experts and leaders from science, industry, academia, public policy, and government—across sectors and political ideologies—to create a clear, pragmatic, data-driven, actionable plan to beat back COVID-19 and get Americans back to work more safely.
>
> Our National COVID-19 Testing Action Plan lays out the precise steps necessary to enact robust testing, tracing, and coordination to more safely reopen our economy—starting with a dramatic expansion of testing from 1 million tests per week to initially 3 million per week and then 30 million per week, backed by an Emergency Network for COVID-19 Testing to coordinate and underwrite the testing market, a public-private testing technology accelerator, and a national initiative to

> rapidly expand and optimize the use of U.S., university, and local lab capacity.[1]

At the time of publication, the U.S. House of Representatives was considering the strangely numbered bill, H.R. 6666 "COVID-19 Testing, Reaching, and Contacting Everyone (TRACE) Act." It would delegate $100 billion "to conduct diagnostic testing for COVID–19, to trace and monitor the contacts of infected individuals, and to support the quarantine of such contacts" as well as unspecified "other purposes." Civil libertarians have noted that the bill is fraught with potential to abuse Americans' freedoms. And as we have seen in Chapter 15, details of this bill, including who would get lucrative contracts, were worked out between Gates Foundation representatives and Congressman Bobby Rush before the COVID outbreak even began.[2]

And as *National File* reported in June 2020:

> Some Republicans are voicing concern after Texas state health officials granted a $295 million Coronavirus Contact Tracing deal to MTX Group.… It turns out the firm is a partner of Google, *National File* has learned. MTX Group got the contract without conservative Republican Lieutenant Governor Dan Patrick being "in the loop" to the decision process, and Patrick is just one of numerous policymakers questioning the company's deal with the state, which authorizes MTX to serve as virus investigators charting people's contacts and relationships.…
>
> Department of Health and Human Services (HHS) and Centers For Disease Control and Prevention (CDC) policy confirms that "Contact Tracing" data may be sent to the World Health Organization (WHO) and to law enforcement authorities "to place someone under quarantine or isolation." The Contact Tracing records, stored at the CDC and elsewhere, can also be sent to the Department of Justice, State Department, Department of Homeland Security, congressional

> offices, and to various medical and legal departments and contractors.
>
> Meanwhile, Americans are fearing the political implications of contact tracing, considering that Chelsea Clinton is on the board of trustees of one official contact tracing group [Partners in Health] that has accepted large sums of money from Bill Gates and George Soros organizations.…[3]

Even Israeli intelligence is penetrating America's contract tracing apparatus. As Whitney Webb reports:

> A company tied to Israel's military signal intelligence unit, Unit 8200 [the "Israeli NSA"], has recently partnered with the state of Rhode Island to use an artificial intelligence-based system developed in tandem with the Israel Defense Forces (IDF) to profile Americans *potentially* infected and/or "at risk" of being infected with coronavirus, then informing government authorities of their "risk profile." Once flagged, state health officials can target those individuals as well as their communities for mandatory testing, treatment and/or more restrictive lockdown measures.
>
> The firm, Israel-based Diagnostic Robotics, is poised to announce a series of new such partnerships with several other U.S. states as well as major U.S. hospital systems and healthcare providers in the coming weeks, according to a company spokesperson. The first of these announcements came on June 30 regarding the firm's new partnership with Mayo Clinic, which will soon implement the Diagnostic Robotics' "artificial intelligence platform that predicts patients' hospitalization risk." They have also been in discussions with Vice President Mike Pence about the platform's implementation nationwide since April.…
>
> Diagnostic Robotics' efforts to predict and monitor entire populations with AI is a potent tool that can be used for many purposes that have little to do with public health. Much like

> "contact tracing" software that was first justified by the pandemic has subsequently been used to target and track protesters, Diagnostic Robotics' predictive analytics and "hotspot" maps can be used for the same ends. Given the track record of the national security states of both the U.S. and Israel, such "unofficial" uses of these "digital solutions" to the pandemic are not just speculative, they are guaranteed.[4]

The millions of Americans now out of work have created a massive idle labor force that can be tapped to become "contact tracers." In its article "Lost Your Job? Consider Becoming a 'Contact Tracer,'" CBS News reports: "Experts estimate that between 100,000 and 300,000 contact tracers—who can earn up to $65,000 per year—will be needed nationwide based on state populations and projected COVID-19 infection rates."[5]

A California woman, who became certified as a contact tracer, put together a 22-minute video exposing what contact tracing does, documenting her observations with state documents. Excerpts:

> Once you get a test that is positive, it goes to a tracer, and that tracer is going to do some research on you, find out a little bit about you and give you a call. Now they're going to tell you that you tested positive, and that you need to be isolated for a minimum of 10 days on the onset. And it has to be no fever for three days, so if you're on day nine but you still have the fever you need to add another three days until your fever is cleared. And by isolation I mean *total* isolation—this is nobody near you. Even your dog can't be there, so you can see here [displays document] that specifically with a person that is symptomatic, they should maintain separation from household animals, as they would any other household members, and avoid direct contact with any of your pets. So you cannot contact your pets, people, anybody in your family.… You could have to go into a hotel room if you have no way of not sharing a bathroom or any space—they will check that out, so you'll have to show video evidence if the conference is done via

teleconference, walk them around your house, let them know that you have space to be isolated.

Now the next is quarantine. Quarantine means I am healthy, I have no symptoms, I have not contracted the disease, but maybe for 14 days they're going to check to make sure that I haven't. So that means again that I cannot leave my house, and as a contact tracer I'm supposed to set you up with social services, so if you have kids and you have no one to care for them, we'll take your kids, we'll take care of that. If you have groceries, we'll do groceries, but you literally cannot be in contact with anybody and you cannot leave your house even if you're healthy. You are still quarantined, not to be leaving the house. Unfortunately, you could be totally healthy, get out of quarantine, and guess what?—be at a restaurant, someone else in the vicinity has it? Be quarantined again.…

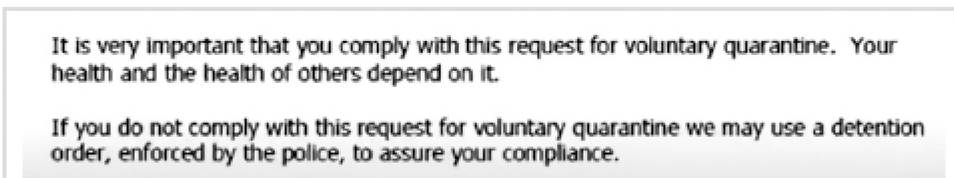
I'm going to ask you who did you come in contact with? And if you tell me "I don't know," I'm going to tell you to look at your phone and we can do it together, and look at your social media, and we'll figure out where you have been. And you need to make sure you know your movies, flight numbers, and anything with large venues. Now some of the places, what they've already instituted now, you have to put your contact information when you go to a restaurant, you go to a hair salon, any of those things, because that way they can track you. You would say I went to this movie, or I went to this restaurant, everybody who's at that restaurant will be contacted then by the contact tracer. So let's say unfortunately I got it, well guess what? My family would have to be quarantined, and not just for the 10 days, they have to be quarantined for 14 days.…

Let's say I was on a train; we were all sitting in the same cabin because I was getting to work, and there were 10, 15 people on that train—all of them would need to be quarantined. I had gone to work, everybody at work would need to be quarantined. I went to a restaurant after work—all of them need to be quarantined. Can you see how a disease, when it is

already widely spread, this doesn't make sense to quarantine the population, in terms of you could get quarantined again and again and again? Even though you're healthy and never sick, you will not be allowed to leave your house.

Now you've been hearing that this all is "voluntary," you'll hear it throughout the speeches, I've listened to a lot of governors; I'll put on the Washington governor really quickly so you can hear him, but let me show you, before I do that, a couple of the documents that are out there, this is right on his website.[6]

Screenshot from video:


It is very important that you comply with this request for voluntary quarantine. Your health and the health of others depend on it.

If you do not comply with this request for voluntary quarantine we may use a detention order, enforced by the police, to assure your compliance.

The situation abroad is similar. Britain's *Guardian* reports:

> The Government launched its NHS Test and Trace programme at the end of May. It sees anyone with symptoms told to self-isolate and get checked. If they test positive their close contacts are then also told to self-isolate even if they do not have any symptoms.[7]

Smartphones, of course, already have GPS that can enable governments to track people's exact whereabouts. Now contact tracing apps are being integrated into them. *ZDnet* noted in May:

> Apple on Wednesday released iOS 13.5 and iPadOS 13.5. The update includes bug fixes, improvements, and .... Apple also included a new COVID Exposure Notification feature in iOS 13.5 on the iPhone. The feature is part of Apple and Google's previously announced partnership that enables a contact tracing

API for health officials to build apps and use to fight the spread of COVID-19.[8]

Knowing the level of corruption within governments, it is not hard to envision politicians coopting contact tracing to target enemies and "politically incorrect" individuals for quarantines. Given COVID's broad dissemination, and the large number of people who are symptom-free but test positive, it would be easy enough to find an instance where a targeted individual had been in the vicinity of someone "COVID positive" and order them into personal lockdown.

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PART FIVE

WHAT MAY LIE AHEAD

Chapter 26

POSSIBLE SCENARIOS

Trying to forecast the future is always dangerous. The more specific the prediction, the more likely to be wrong. I personally don't know anyone in alternative media who, in 2019, foresaw a lockdown coming in 2020 based on a pandemic.

Another development that blindsided us in 2020 were the devastating riots that erupted after the George Floyd "I can't breathe" incident of May 25. I'd like to briefly address this, because it didn't seem to have occurred in total isolation from COVID-19:

• Alternative media had been mounting devastating challenges to the mainstream depiction of COVID-19. On May 22—just three days before the Floyd incident—the CDC reduced its COVID death rate estimate to only 0.26 percent. It was clear that the increasingly discredited "panic" narrative could no longer be sustained. With its back to the wall, the media greatly benefitted from a new event that diverted public attention from its claims' glaring fallacies, which this book has addressed in earlier chapters.

• The Floyd incident became a hot topic only because mainstream media elected to hype it, above countless other murders and examples of police injustice.

• The incident occurred right after numerous states began easing lockdowns. The unrestrained looting and arson by Antifa and BLM destroyed innumerable small businesses who already had only a glimmer of hope for recovery. It thus extended and amplified the lockdown's economic devastation.

Many questions about the incident itself were ignored by mainstream media:

• Timothy D. Japhet, an attorney in Corpus Christ, Texas, explained on Facebook that he had been George Floyd's court-appointed attorney in Texas starting in 2016, and that Floyd had died in 2017. Japhet is definitely

listed as an attorney in Corpus Christi; why would he invent such a story, which would be easy to debunk? If true, this meant the man in the iconic Floyd videos was someone else.

• A Ford Mercury pulled up behind Floyd's car and started filming before he was actually arrested. Perhaps it happened that way, but most people wouldn't start filming before anything of real interest occurred.

• Derek Chauvin—the much-photographed police officer—had worked security at the same Minneapolis club as Floyd, according to Maya Santamaria, owner of the El Nuevo Rodeo, though she was uncertain if they knew each other.[1]

• Chauvin kept his knee on Floyd's neck for almost nine minutes, even after he went unconscious, thus requiring no possible need for restraint. Chauvin didn't seem to mind being photographed in a highly visible and incriminating posture.

• The public was given fragmentary clips gathered from smartphones, security cameras, and police body cams, often with sound and images redacted. It was unclear if Floyd had at some point resisted arrest. And when the park police (a separate police unit) stopped at the scene, Floyd's arresting officer handed them a written note. This was unusual and never explained. Did the note possibly say "We are in the middle of an exercise"?

Some suspect the incident was orchestrated. Others believe it unfolded naturally, and was then chosen as the most provocative pretext available for the riots which followed. The aftermath certainly *was* orchestrated. In several cities, palettes of bricks awaited protestors, in locations where no nearby construction was scheduled.[2] The massive looting and destruction, the "Defund the Police" campaign, the pledging of $1.7 billion to Black Lives Matter by U.S. corporations,[3] the removal of historic statues—and even paintings from the Capitol building—and the exacerbation of racial tensions toward a "divide and conquer" race war, all pointed to a phenomenon that was not "spontaneous" or "grass roots." Given the revelation in 2016 by DCLeaks.com that George Soros's Open Society Foundations had donated $650,000 to BLM,[4] I am reminded of what Jerry Kirk, one-time member of SDS and the Communist Party, said in his testimony before the House and Senate Internal Security Panels in 1969:

> Young people have no conception of the conspiracy strategy of pressure from above and pressure from below.… They have no idea that they are playing into the hands of the Establishment they claim to hate. The radicals think they are fighting the forces of the super rich, like Rockefeller and Ford, and they don't realize that it is precisely such forces which are behind their own revolution, financing it, and using it for their own purposes.[5]

This book is being published in August 2020. Who knows what surprises lie ahead for 2021, or the rest of 2020? There has been speculation about tensions with China or Iran leading to war, and about weather events—natural or engineered. I'd be remiss if I failed to mention—or tried to predict—the 2020 elections, but it is probably not coincidental that so much happened during an election year. Neither party's nominating conventions had occurred yet as I write this. There is talk of mail-in voting in November—which would be rife with opportunities for fraud—and even of the election itself being postponed. Joe Biden does not appear mentally coherent, so if he won, would probably be soon forced to retire for health reasons. This means his candidacy would really be about his Vice Presidential running mate, who would replace him in the Oval Office. If the Democrats swept both houses of Congress along with the Presidency, it could generate a "Big Government" (socialist) state with hardcore lockdown and gun control measures. However, such would meet inevitable resistance from the people. Possibly the Deep State would prefer Trump remain in office, as his approval of a mandatory vaccine would discourage opposition from his followers, the "Deplorables."

We can't predict the future with any certainty, but a few developments seem *likely*.

For one, it is not possible for governments, federal or state, to sustain the lockdown, with tens of millions of workers on unemployment checks, indefinitely. With governments cut from their main revenue source—taxes on wages—economic decline seems inevitable, and collapse possible. And collapse could induce the economic reset and cashless society discussed in Chapter 24.

Another possibility is food shortages. *Forbes*, which no one would accuse of alarmism, notes:

> Food and agriculture is not immune to this impact and we've seen a destabilization of our food system during this pandemic. And this destabilization has infiltrated all aspects of the food chain including farmers, processors, distributors, wholesalers and retailers.
>
> On the one hand, it seems a bit odd to think food would be impacted by COVID-19 given the need to feed the world during the pandemic. However, not all aspects of the agricultural economy are on equal footing. For example, large meat producers have had to temporarily shut down plants as many workers have contracted the virus and contract labor that is critical for crop harvesting has voiced concerns about contracting the virus. This in turn has created labor shortages for growers, processors and retailers. Accordingly, even though demand for food remains high as is apparent from the long lines at your local grocery store, the supply chain to support the demand is in a fragile state.…
>
> Smithfield Foods, one of the largest food processors of pork products, became the latest company to announce a shutdown due to the spread of coronavirus among more than 200 of its employees.[6]

Some believe food shortages could reach famine level. *The Guardian* reported in April 2020:

> The world is facing widespread famine "of biblical proportions" because of the coronavirus pandemic, the chief of the UN's food relief agency has warned, with a short time to act before hundreds of millions starve.
>
> More than 30 countries in the developing world could experience widespread famine, and in 10 of those countries there are already more than 1 million people on the brink of

> starvation, said David Beasley, executive director of the World Food Programme.
>
> "We are not talking about people going to bed hungry," he told the *Guardian* in an interview. "We are talking about extreme conditions, emergency status—people literally marching to the brink of starvation. If we don't get food to people, people will die."
>
> "This is truly more than just a pandemic—it is creating a hunger pandemic," said Beasley."[7]

Will food shortages reach catastrophic famine, or remain more moderate, as *Forbes* envisions? That might depend on how much "Pandemic Two" impacted the food supply. It's worth recalling that, historically, politicians have used hunger as a tool of control—as when Soviet dictator Joseph Stalin inflicted the horrific *Holodomor* on Ukraine in 1932-33.

No one could be faulted for keeping an emergency supply of food on hand.

One development that seems *highly* likely: a COVID vaccine. The White House's "Operation Warp Speed" project; the production of hundreds of millions of syringes; AstraZeneca's manufacture of millions of vaccine doses without even waiting for clinical trial results; the suppression of hydroxychloroquine; the mainstream media's panic headlines; and of course Bill Gates's pronouncements that we won't return to normal without a global vaccine—all these forecast that the Deep State *does* intend having a COVID vaccine administered.

At the time of this book's publication, there was no justifiable pretext for a *compulsory* vaccine; as we've already seen in Chapter 21—the low death rate acknowledged by the CDC, the disease's declining incidence in various countries, etc. Logically, then, something unforeseen and catastrophic would be needed to frighten the public into accepting mandatory vaccination. Bill Gates may have given us a clue in his April 2020 conversation with Stephen Colbert:

> **Colbert**: Well, Bill, since you tried to warn us about this pandemic and we didn't listen, what's the next thing you're warning us about that's going to happen five years from now that we're not listening to at the present?
>
> **Gates:** Well, the idea of a bioterrorist attack is kind of the nightmare scenario, because it would be a pathogen with a high death rate. The good news is most of the work we're going to do to be ready for Pandemic Two—I call this Pandemic One—most of the work we'll do to be ready for that are also the things we need to do to minimize the threat of bioterrorism.[8]

On June 25, Gates told a CNN Global Town Hall: ""Better treatment is reducing the deaths, but, particularly as you get into October and November, this thing will be back in big numbers, if we don't restrain our behavior more than it looks like we are right at the moment."[9] And on June 26, he told Suzanne Clark of the U.S. Chamber of Commerce Foundation: "This won't be the last pandemic that we face.… We'll have to prepare for the next one. That will get attention this time."[10]

Gates appears to enjoy being cast as a prophet whose wise warnings about impending pandemics went unheeded. However, given the foreknowledge suggested by the proceedings listed in Chapter 15 (Event 201, advance arrangements for the Contact Tracing Act), Gates more likely just has *inside information* about what's next. Therefore I take pretty seriously his warnings about "Pandemic Two."

What might this consist of? Given evidence we've seen (Chapter 14) that COVID-19 may be a lab-engineered bioweapon, perhaps a more virulently engineered strain of coronavirus will be released in the future. It could be announced that the COVID virus had mutated—by chance, of course—and turned deadlier. With the public already conditioned to accept mandatory masks and social distancing "to protect the population," mandatory vaccination would simply be a bump up.

However, since a truly lethal bioweapon might threaten members of the Deep State itself, other possibilities are conceivable. One pertains to 5G. We've already discussed (Chapter 16) Arthur Firstenberg's observation that

past pandemics coincided with electromagnetic rollouts; that the telecommunications industry has never safety-tested 5G; that at 60 GHz, 98 percent of transmitted electromagnetic energy is absorbed by atmospheric oxygen; and that China's 5G rollout city was Wuhan, where people were sometimes photographed dropping dead instantaneously. Because 5G waves can be directed as beams, they could, if weaponized, target some individuals while leaving others alone. The *International Appeal to Stop 5G on Earth and in Space*, which has over 300,000 signatories, summarizes the situation:

> In order to transmit the enormous amounts of data required for the Internet of Things (IoT), 5G technology, when fully deployed, will use millimetre waves, which are poorly transmitted through solid material. This will require every carrier to install base stations every 100 metres in every urban area in the world. Unlike previous generations of wireless technology, in which a single antenna broadcasts over a wide area, 5G base stations and 5G devices will have multiple antennas arranged in "phased arrays" that work together to emit focused, steerable, laser-like beams that track each other.
>
> Each 5G phone will contain dozens of tiny antennas, all working together to track and aim a narrowly focused beam at the nearest cell tower. The US Federal Communications Commission (FCC) has adopted rules permitting the effective power of those beams to be as much as 20 watts, ten times more powerful than the levels permitted for current phones
>
> Each 5G base station will contain hundreds or thousands of antennas aiming multiple laser-like beams simultaneously at all cell phones and user devices in its service area. This technology is called "multiple input multiple output" or MIMO. FCC rules permit the effective radiated power of a 5G base station's beams to be as much as 30,000 watts per 100 MHz of spectrum, or equivalently 300,000 watts per GHz of spectrum, tens to hundreds of times more powerful than the levels permitted for current base stations.

> At least five companies are proposing to provide 5G from space from a combined 20,000 satellites in low- and medium-Earth orbit that will blanket the Earth with powerful, focused, steerable beams. Each satellite will emit millimetre waves with an effective radiated power of up to 5 million watts from thousands of antennas arranged in a phased array. Although the energy reaching the ground from satellites will be less than that from ground-based antennas, it will irradiate areas of the Earth not reached by other transmitters and will be additional to ground-based 5G transmissions from billions of IoT objects. Even more importantly, the satellites will be located in the Earth's magnetosphere, which exerts a significant influence over the electrical properties of the atmosphere.[11]

Neither the coronavirus nor the lockdown's economic distress have done much to slow 5G's deployment. On April 23, 2020, *RCR Wireless News* reported:

> SpaceX, Elon Musk's private American aerospace company, yesterday launched an additional 60 Starlink satellites into orbit, bringing the total number of satellites in the Starlink constellation to 422. That's enough, says Musk, to provide minimal internet coverage.… Because there is no need to lay down fiber-optic cables and because they can carry large amounts of data quickly, Starlink satellites have the potential to bring internet coverage to previously hard—and in some cases, nearly impossible—to reach places.[12]

Here is a conceivable scenario. There is a gradual resumption of economic activity. However, at some point, perhaps the next flu season, the coronavirus makes a supposed "comeback"—Gates's "Pandemic Two." 5G might be turned on full-force, especially at 60 GHz, sickening people, some to the point of death. Mis-labeled a second wave of COVID-19, this would likely be blamed on civil libertarians and constitutionalists for "reopening the economy too soon." Alternative media, including books like this one, could be increasingly savaged as "fake news." The government proclaims,

“We *must* return to complete lockdown.” The weary public says, “No! We cannot tolerate another lockdown!” Bill Gates announces: “No problem! The vaccine is ready.” The CDC and FDA say: “We have approved the vaccine. Anyone who takes it will be given an immunity passport and allowed to return to work.” As an added inducement, those taking the inoculation might be excused from mask requirements. The public now eagerly lines up for shots. They were already acclimated to the “new normals” of masks and social distancing during the first lockdown. It was one thing to stand outside a grocery store for an hour in April; who’d want that in January?

If the Deep State has its way, we would then also see all the other measures Gates and his cronies advocate: forced quarantines mandated by contact tracers; quantum-dot tattoos serving as vaccination proof; digital IDs; and a “global reset” ushering in a cashless society.

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Chapter 27

Chapter 27 HOPE AND ENCOURAGEMENT

The news isn't all bad. The Bible doesn't end with the Antichrist, it ends with the return of Christ, the Day of Judgement, and a new heaven and a new earth.

It might be tempting to think: If this is really prophesied, then what's the point of resisting the New World Order? And the answer to that is obedience to God. The Lord's Prayer says: "Thy will be done on Earth as it is in Heaven." A Luciferian system running the world is not God's will; it's a violation of it. We have a duty to stand against evil. In fact, the human race's immediate future very much depends on our opposing this system—whether by resistance, protests, class action lawsuits, and of course, sharing information: by word of mouth, email, social media, communicating with our elected representatives, letters to editors, calls to talk radio shows, and (for those who can) blogs and vlogs.

I grew up in an agnostic home, and I realize that some people will feel annoyed by my depicting the New World Order in spiritual terms. However, the oligarchs themselves do that—at their highest levels, they are consciously, and in practice, Luciferian. This has been documented by (for just three examples): William Guy Carr of Canadian Intelligence in the 1950s (with books such as *Pawns in the Game*); FBI veteran Ted Gunderson, for decades until his death in 2011; and quite recently former Dutch currency banker Ronald Bernard, whose online interviews have gone viral. Anyone doubting that the oligarchy is Luciferian need only look at the normalization of abortion, gay marriage, and transgenderism in our culture. Such systemic changes ultimately occur from topdown influence, not grass-roots activism.

Given the battle's spiritual character, is the church itself awake to what's happening? Some Christian spokespersons are. In the Catholic domain,

Archbishop Carlo Maria Viganò's letter to President Trump garnered much attention:

> In recent months we have been witnessing the formation of two opposing sides that I would call *Biblical*: the children of light and the children of darkness. The children of light constitute the most conspicuous part of humanity, while the children of darkness represent an absolute minority. And yet the former are the object of a sort of discrimination which places them in a situation of moral inferiority with respect to their adversaries, who often hold strategic positions in government, in politics, in the economy and in the media. In an apparently inexplicable way, the good are held hostage by the wicked and by those who help them either out of self-interest or fearfulness.…
>
> In society, Mr. President, these two opposing realities co-exist as eternal enemies, just as God and Satan are eternal enemies. And it appears that the children of darkness—whom we may easily identify with the *deep state* which you wisely oppose and which is fiercely waging war against you in these days—have decided to show their cards, so to speak, by now revealing their plans. They seem to be so certain of already having everything under control that they have laid aside that circumspection that until now had at least partially concealed their true intentions. The investigations already under way will reveal the true responsibility of those who managed the COVID emergency not only in the area of health care but also in politics, the economy, and the media. We will probably find that in this colossal operation of social engineering there are people who have decided the fate of humanity, arrogating to themselves the right to act against the will of citizens and their representatives in the governments of nations.[1]

Not everyone shares Archbishop Viganò's confidence in President Trump, who has given mixed signals—withdrawing U.S support for WHO on one hand, supporting a "warp speed" vaccine on the other. Moving to the

evangelical sphere, Pastor Chuck Baldwin, who was the Constitution Party's Presidential candidate in 2008, writes:

> Anyone who has bought into the hype that all of these government lockdowns, a ruined economy, suppression of our liberties and a total disruption of our way of life are for the purpose of saving lives has drunk some serious Kool-Aid. We are supposed to believe that the same people who are enthusiastically promoting the killing of over 60 million unborn babies without so much as a modicum of conscience are somehow crying crocodile tears of compassion because people (including babies) MIGHT die from a flu-like virus? What poppycock!
>
> As I pointed out in this column last week, Secretary of State Mike Pompeo admitted that the corona scare was a government exercise (read: a practice run-through for something bigger). It was an exercise for total government control over our lives. This has been the agenda of Big Government statists in both political parties for decades. With constant fearmongering and hysteria from Big Government hacks in the mainstream media over the coronavirus, the power elite have taken the American people further down the road to serfdom and slavery than any previous attempt.
>
> And I will say it again: This plan would not have worked had Donald Trump not been in the White House. This plan totally depended on evangelical pastors and churches sheepishly going along with it. This they would not have done had a liberal Democrat been in the White House. Are you kidding? Commanding churches to cancel their services—no communions, no baptisms, no Easter services—a total shutdown of houses of worship nationwide? Are you kidding me? You and I both know that if Hillary Clinton were president and she had said that no more than ten people could assemble in church—or anywhere else, for that matter—pastors and Christians would have protested in the streets and would have

> defiantly continued their public services en masse. But, because Donald Trump issued the declaration, almost the entire evangelical world bowed the knee to the state without a whimper.
>
> The rest was easy. Restaurant closures, business closures, school closures, travel restrictions, rationed medical care and empty hospitals: Once evangelicals had been neutralized, there was no resistance.
>
> Even so-called patriot leaders such as Oath Keepers Founder and President Stewart Rhodes joined the chorus of Big Government shills calling for government lockdown of our lives. Rhodes' open letter to governors could have been easily written by Big Pharma Fascist Anthony Fauci.…
>
> And speaking of Fauci, this little tyrant along with Mr. Global Government himself, Bill Gates, have positioned themselves to make billions of dollars in profits from government-mandated forced vaccinations, which they are both screaming for. And make no mistake about it: Anthony Fauci knows exactly what he's doing.…
>
> All of these media hacks fomenting panic and fear; all of these government lockdowns; all of these school closures, business closures and stay-at-home orders are NOT about protecting us from a flu virus. They are all about preparing us for mandated vaccines and total government surveillance and control over our lives—including our jobs, our families, our education, our religious practices, our medical care and our travel.
>
> As it turns out, it looks like the tyrants don't need to confiscate our firearms after all in order to enslave us. Pastors and churches are leading the way for America's voluntary enslavement—all in the name of safety.[2]

Mount Athos is an autonomous monastic state in Greece, comprising 20 monasteries of the Orthodox Christian faith. In April 2020, one of the most respected figures on Mount Athos, Elder Evthymios of Kapsala, wrote an

epistle concerning how the Orthodox Church should respond to the coronavirus, which I quote in part:

> In older times and in similar cases of deadly epidemics, she [the church] would perform sanctifications of the waters (*αγιασμός*) and go out in procession with the sacred icons and holy relics. Why should these not be done today as well? "Is the Lord's hand unable" to help us in these days too (cf. Is. 59:1)?
>
> During the third decade of the twentieth century, my village was struck by a plague which killed fifty little children in a few days. They could not dig the graves fast enough.
>
> Then they brought the skull of Saint Charalampes from Saint Stephen's in Meteora and the plague immediately ceased.
>
> Ever since the Lord performed the Mystical Supper and handed down the most holy mystery of the Divine Eucharist, the world-saving Divine Liturgy has not ceased to be celebrated to this day.
>
> Neither Diocletian, nor the Turks, nor the communists in Russia, nor the Germans during the years of the occupation managed to stop the Divine Liturgy and the faithful from approaching Holy Communion.
>
> And now, with the fear of the virus, the churches have closed down and the faithful are deprived of the saving grace of the mysteries, of which they have so great a need. On the contrary, while everyone here [in Greece] remains fearfully silent, in the Orthodox Churches of Serbia, Bulgaria, and Georgia divine worship continues unhindered, the churches are open, Divine Liturgy is celebrated, and the faithful are not afraid of being affected by the virus.
>
> The protective measures employed by the present government are unconstitutional, unbearable, extreme, and unfair to the Greek Orthodox, while they have also created an atmosphere of terrorism, which the media aggravate.

Yes, the virus exists and we must protect our health and the health of those around us. Fear, however, must vanish, because when man is in a state of fear he cannot think and act rationally and discreetly.…

Many are anxiously expecting the defeat of the coronavirus by the invention of the vaccine, which will be obligatory for all. As for us, we refuse to be vaccinated.

Whoever is afraid, let him receive as many vaccines as he likes, but he should know that they may produce unforeseen and grave side-effects, as was the case a few years with the vaccines against the bird flu done to children, many of whom became paralysed.

Likewise, many of those who received the vaccine against hepatitis B contracted multiple sclerosis, and the same happens with other vaccines as well. Unless God guard us, what can vaccines and medicine do? . . .

We have superior vaccines and the "medicine of immortality," the holy Mysteries.…

And while everyone is struggling to confront the virus, some people have other things in mind and as their goal. Top doctors and scientists are pointing out that what is happening is a discipline test: the goal is to manipulate the people in the direction they want.

This seemed strange and incredible until recently, but it is not imaginary, since men are now publicly saying that "The coronavirus pandemic has brought to the fore the need for a world-wide democratic government" (George Papandreou) and proposing that "each man have on him a microchip with biometrical data in relation to this virus or to other epidemic measurements" (Evangelos Venizelos).

These people are openly speaking of the mark [of the Antichrist] and world-wide dictatorship, but do we get it? And what are we doing? Saint Païsios has spoken and written so much about this topic.

> Can we possibly trust these men who have enslaved us to the foreign lenders and who are now leading us into slavery to the Antichrist?[3]

Archbishop Viganò, Pastor Baldwin, and Elder Evthymios, each in their own way, exemplify "awake" theologians who understand realities of geopolitics and how they relate to faith and prophecy. Unfortunately, they are in the minority amongst churchmen—as is true in any walk of life for people living "out of the Matrix."

However, I take encouragement in the words of such men, hoping that they, and other "red-pilled" clergymen, will be beacons for the churches.

Louis Farrakhan of the Nation of Islam has also spoken out. *NewsOne* reported:

> One of the many timely references made in Nation of Islam Minister Louis Farrakhan's address on the Fourth of July was about the development of a vaccine for the COVID-19 pandemic that has upended 2020 and threatened more public health havoc moving into the new year.…
>
> "I say to my brothers and sisters in Africa . . . if they come up with a vaccine, be careful," Farrakhan said before expanding his warning to include Black people in the United States, as well.
>
> "Do not take their medications. We need to call a meeting of our skilled virologists, epidemiologists, and students of biology and chemistry," Farrakhan implored. "We need to give ourselves something better".…
>
> Farrakhan also called out the prominent proponents of the vaccine, including Dr. Anthony S. Fauci, the director of the National Institute of Allergy and Infectious Diseases, for having what he said was the audacity to insist that a vaccine was the best way to combat the coronavirus. He said Fauci and others were more interested in population control than public health.

> “They’re plotting to give 7 billion 500 million people a vaccination,” Farrakhan said incredulously. “Dr. Fauci, Bill Gates and Melinda, you want to depopulate the earth. What the hell gives you that right?”[4]

As an author who has appeared on many podcasts, I am hearing more and more reports of both political and spiritual awakening. Amid the darkness are positive trends. Even “Matrixed” citizens who once scoffed at “conspiracy theorists” are beginning to sense, in their inner being, that something isn’t right with the lockdowns and the illogical statements uttered by bureaucrats and the media. Bill Gates and the Deep State may have made the mistake of flooring the accelerator—pushing the agenda too hard instead of “boiling the frog”—thus unintentionally jolting people awake.

• Even in the mainstream media, some are speaking up. John Bolt of *Sky News Australia* has been bitingly critical of his country’s lockdown. Tucker Carlson of *Fox News* minced no words:

> [W]e do think it’s worth four minutes taking a pause to assess whether or not they were in fact lying to us about the coronavirus and our response to it. And the short answer is this: Yes, they were definitely lying. As a matter of public health, we can say conclusively the lockdowns were not necessary. In fact, we can prove that. And here’s the most powerful evidence: States that never locked down at all—states where people were allowed to live like Americans and not cower indoors alone—in the end turned out no worse than states that had mandatory quarantines.…
>
> The media definitely don’t want to revisit what they were saying just a few weeks ago, when they were acting as press agents for power-drunk Democratic politicians. Back then, news anchors were ordering you to stop asking questions and obey.… And then Memorial Day arrived in May, and some states started to reopen. Millions of grateful Americans headed outdoors for the first time in months, and the media attacked

> them for doing that. They called them killers. Swimming with your kids, they told us, was tantamount to mass murder.…
>
> But it didn't take long for that message to change completely. In fact, it took precisely five days.… If all of this seems like a pretty abrupt pivot, fret not. Rioting is not a health risk as long as it helps the Democratic Party's prospects in the November election. Rioting will not spread the coronavirus.…
>
> But that doesn't mean you get to go outside. You don't. Thanks to coronavirus, you do not have the right to resume your life, and if you complain about that, it's "white nationalism." That was their professional conclusion.…
>
> We were all played. Corrupt politicians scared us into giving up control over the most basic questions in our lives. At the same time, they gave more power to their obedient followers, like Antifa, while keeping the rest of us trapped at home and censored online. In other words, they used a public health emergency to subvert democracy and install themselves as monarchs.[5]

Fraser Nelson wrote a post for Britain's *Telegraph* entitled "The Threat Has Passed, So Why Are Our Civil Liberties Still Suspended?"

> The virus seems to have peaked by lockdown on 23 March. None of this was known at the time. Instead, we had panic and Prof. Neil Ferguson saying that 250,000 would die unless rules were mandatory. So politically, the Prime Minister had no choice. He has since remarked to colleagues how surprised he has been both at how easy it was, in the end, to take away people's freedom—and how hard it is, now, to give it back.
>
> Rather than a presumption towards liberty—that people should be free unless there's a compelling reason to restrict—the coronavirus crisis has ushered in a new idea. That restrictions must stay, unless it can be proven that it's safe to lift them. It's a pretty hard test to meet as the science is—still—pretty far from consensus. The government's own scientific

> advisers are in safety-first mode, convinced that they'll be blamed if anything goes wrong. Ministers find themselves up against a new foe: the precautionary principle. So children are denied basic education because unions say classrooms are unsafe and ministers can't prove otherwise. Most of the Cabinet regards the two-metre social distance regulation as a recipe for economic ruin. There was no scientific evidence behind this distance in the first place, but it's hard to prove that one metre is better because the whole thing is arbitrary.…
>
> Lockdown was for just three weeks at first, to "buy time" for the NHS to get ready. We then stayed locked down to "flatten the curve." Deaths peaked on 8 April and have fallen 90 per cent since. London has barely two dozen COVID diagnoses a day— yet the city's 1.4 million children are not allowed to go to school .… There are no longer "excess deaths" detected in any age group. Four out of five UK COVID cases, now, report no symptoms. It is nigh-on impossible to justify Britain's restrictions on today's threat.… Some 1,500 paediatricians wrote to the government yesterday, urging ministers to consider how school closures will scar "the life chances of a generation of young people."[6]

• In the spring of 2020, protests against the lockdown erupted worldwide. Noteworthy: they were peaceful, void of the looting and destruction that accompanied so many of the protests following the Floyd incident. James Corbett has highlights from numerous lockdown protests at https://www.corbettreport.com/are-there-lockdown-protests-qfc-060/.

• Sometimes more vigorous protests succeeded. As *The Unz Review* reported in July:

> The relentless advance of coronavirus terror has been broken. Recalcitrant Serbs rebelled against their President when he ordered them back under house arrest. After two days of street battles with dozens of policemen hospitalised, the sturdy protesters won; the authorities surrendered and gave up their

> plans to lock Belgrade down. Shops, pubs and restaurants in Belgrade will have an early evening curfew; but this is much better than the full lockdown they intended.[7]

• In Chicago, six Romanian-American churches announced they were re-opening in defiance of Governor J.B. Pritzker's unconstitutional order. Their open letter laid out the safety guidelines they would follow, which exceeded the CDC guidelines that allowed Target, abortion clinics and liquor stores to stay in business.[8]

• People in law enforcement are beginning to speak out. Seattle police officer Greg Anderson, a veteran of the Iraq War as well as of 10 years on the police force, posted a viral video on YouTube. After refusing to take the video down, he was fired. Excerpt:

> I've been in law enforcement for ten years and I'm speaking to my peers, other fellow officers, people in any kind of law enforcement position. I've seen officers nationwide enforcing tyrannical orders against the people, and I'm hoping it's the minority of officers, but I'm not sure anymore, because every time I turn on the television, every time I turn I look to the Internet, I'm seeing people arrested or cited for going to church, for traveling on the roadways, for going surfing, opening their businesses, going to the park with their families. or doing nails out of their own house, using their own house as a place of business, and having undercover agents go there and arrest them and charge them—with what? With a crime?
>
> I don't know what crime people are committing by doing nails in their own house, but we're seeing this more and more and more, and we need to start looking at ourselves as officers and thinking: "Is what I'm doing right?" Now I want to remind you that regardless of where you stand on the coronavirus, we don't have the authority to do those things to people just because a mayor or a governor tells you otherwise. I don't care if it's your sergeant or your chief of police. We don't get to violate people's constitutional rights because somebody in our

> chain of command tells us otherwise. It's not how this country works.[9]

• Courageous medical doctors are speaking up; this book has already cited many. Sherri Tenpenny, MD (www.drtenpenny.com/), Annie Bukacek, MD (http://hhckalispell.com/) and Carrie Madej, MD (https://www.youtube.com/channel/UCOVus4q3qrOyKV_cxyfwfhw) have all been outspoken. Kelly Victory, MD, has an informative 17-minute video summing up the COVID situation at https://www.bitchute.com/video/FFzc6ppAQAjW/. California MD Jeff Barke stated at a May rally (excerpts):

> What if the experts are wrong? What if "quarantine the healthy" doesn't actually save lives? [Applause] What if wearing a mask in public is not effective? My name is Dr. Jeff Barke, and I'm here representing thousands of physicians across the country, whose voices are being silenced because we don't agree with the mainstream media and the experts who are telling us what to do. [Applause] Never in the history of this great Republic have we quarantined the healthy.…
>
> As a physician I can tell you, yes, this virus is dangerous but as we see the statistics come in, we're realizing that the fatality rate of this virus is in the ballpark of a bad seasonal influenza. What we're also knowing is that just like other respiratory viral illnesses in the past, we get over this virus by achieving herd immunity. We can never achieve herd immunity by keeping the herd quarantined. It's time that we protect the vulnerable and the most at risk when we allow the young and the healthy to open the doors and go back to work. Do not let your voices be silenced.[10]

Dr. Mohammad Iqbal Adil, Consultant General, laparoscopic and colorectal surgeon for the United Kingdom's National Health Service, and who has worked in teaching hospitals for 30 years, has turned whistle-blower:

> The recent so-called “pandemic” of the coronavirus has created an extraordinary humanitarian crisis all over the world. …
>
> For the last two months the entire world has been locked down, they are in home arrest, they have been isolated, threatened.… All the large and small businesses are clamped down, and it’s an extraordinary situation where all the schools are closed and 1.8 billion children in 180 countries are affected. …
>
> It’s a pyramid where the 1 or 2 percent people are controlling the 98 to 99 percent of people all over the world, and in the middle of the pyramid is a vicious and merciless police, military and bureaucracy. The poor public has no support by these law and order maintenance authorities, because they work not for the public, they work for this top 1 to 2 percent filthy rich.…
>
> Every patient who is admitted to the COVID ward due to chest infection, flu, pneumonia and respiratory problems, or [even] heart or cancer problems, is labeled as “COVID-19 positive,” which is increasing the number greater and greater all over the world. That’s why the “Worldometer,” which is fake, a calculator, I don’t know who is controlling this “Worldometer” and who is sponsoring them.…
>
> Also they want to create a vaccination for that, so that everybody would have a vaccination which will be electronically monitored through the computers and through the electronic tags, and it would be like a quantum tattoo on their wrist or arm.… That is going to happen in the near future, believe me on that.[11]

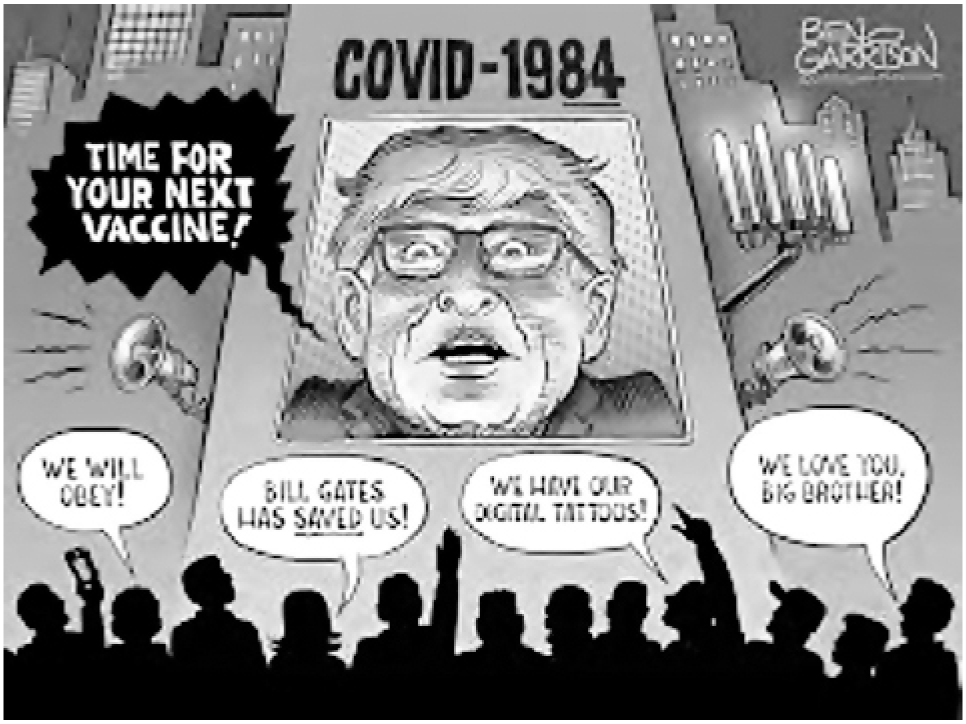
As we have already mentioned, health care providers in Michigan filed a lawsuit against Governor Gretchen Whitmer as her unprecedented lockdown is threatening the lives of many non-COVID patients across the state by denying them needed surgeries and preventative care.[12]

• Norway canceled its contact tracing app over privacy concerns. Associated Press reported in June that “the Norwegian Data Protection Agency said, amongst other things, that the low infection rate meant data gathering on the app could no longer be justified against privacy concerns. … The app was suspended ahead of an Amnesty International report analyzing contact tracing apps from Europe, the Middle East and North Africa, which found that the Norwegian app was one of the most alarming for privacy because of its ‘live or near-live tracking of users’ locations. The rights group said it shared its findings with authorities earlier this month and urged them to change course. ‘This episode should act as a warning to all governments rushing ahead with apps that are invasive and designed in a way that puts human rights at risk,’ said Claudio Guarnieri, head of Amnesty’s Security Lab.”[13]

• While I don’t encourage violence, there is much footage of 5G towers being burned down; people are aware of what’s coming.

• David Icke gave a viral interview about the New World Order and its plans on *London Real*. The video had over four million views before it was banned by YouTube; it can still be seen on Icke’s website at https://davidicke.com/2020/04/06/david-icke-live-london-real-today-330pm-uk/.

• Cartoonist Ben Garrison, who has over 200,000 Twitter followers, has produced a cartoon of Bill Gates presiding over a “COVID-1984” world with mandatory vaccines.



Credit: Ben Garrison, https://grrrgraphics.com/.

• Black comedian Terrence K. Williams, with over 800,000 Twitter followers, produced a video Tweet where he said he'd rather shoot "fried chicken grease" up his arm than a Bill Gates vaccine.[14]

• *Russia Today* reported:

> Russian tennis legend Marat Safin has suggested the coronavirus pandemic could be a pretext for the mass implanting of microchips into humans, as the former world number one gave an unexpected take on the crisis.
>
> "I think they are preparing people for 'chipization' [chip implants]," Safin, 40, said in an Instagram chat with Russian outlet *Sports.ru*. "Back in 2015, Bill Gates said we'll have a pandemic, that the next enemy is a virus, not a nuclear war. They did a simulation at the Davos [economic] forum of what it would be like. I don't think Bill Gates is a predictor, he just knew."

> "I think with this virus the situation isn't like what we're being told, but people believe it all, the horror stories on TV. Some people believe civilization will end; I don't believe that. We'll just be going around with chips soon," Safin added, continuing his unorthodox take on the current crisis.
>
> In a further twist, the two-time Grand Slam winner even suggested there were shady forces at work that may be behind recent events. "They've put the whole world [in lockdown] at home, so everything works," said Safin. "I think there are guys even bigger than world leaders who are the real masters of money, the masters of the world, they can turn things around easily. Call it a shadow government, call it whatever you like. I think we don't even know they exist. The Rothschilds and the Rockefellers are well-known names, but someone else is behind them."[15]

• Italian Member of Parliament Sara Cunial delivered a blistering seven-minute speech in May in which she said, in remarks directed at Prime Minister Giuseppe Conte: "Next time you receive a phone call from the 'philanthropist' Bill Gates, forward it directly to the International Criminal Court for crimes against humanity."[16]

• A "We the People" petition that calls for "Investigations into The Bill & Melinda Gates Foundation for Medical Malpractice & Crimes Against Humanity" has garnered more than half a million signatures. If you'd like to sign it, it's at https://petitions.whitehouse.gov/.

In an age of instant information, truth can travel fast. Bill Gates is being savaged on social media like never before. And maybe he, like fellow billionaire Mike Bloomberg, will learn: You can't buy the people, and you can't buy the truth.

I think it would be fitting to close with a quote from Robert F. Kennedy, Jr.

> Every part of our lives will be subject to control. This virus is about training us for submission, training us to do what we're told. To not go to the beach unless we're told, to not kiss our

girlfriend without their permission. They're turning us into production units and consuming entities. They are going to rob us not only of our democracy and our liberties, but our souls. They are going to inject us with the medicines they want and they're going to charge us for the diseases they give us. They are going to control every part of our lives. What we are doing at Children's Health Defense is using the last instruments of democracy we have left—the Courts—to fight them. We are in the last battle. We are in the apocalypse. We are fighting for the salvation of humanity. We all knew this was coming, though I never believed it would come in my lifetime. But here it is.[17]

For Further Reading and Viewing

Alternative media features too many awesome websites and YouTube channels for me to list comprehensively; here is a selection that can help keep you updated on the COVID situation (as well as other pertinent issues). If video channels are censored following this book's publication, look for backups on Bitchute:

The Corbett Report https://www.corbettreport.com/

No More Fake News (John Rappoport's website) https://nomorefakenews.com/

The End Game (Spiro Skouras channel) https://www.youtube.com/channel/UCkKOQNYoZjaa_8V0uPOueeQ

Children's Health Defense (Robert F. Kennedy, Jr.) https://childrenshealthdefense.org/

"Facts about COVID-19" by *Swiss Policy Research* (regularly updated) https://swprs.org/a-swiss-doctor-on-covid-19/

The HighWire with Del Bigtree https://www.bitchute.com/channel/okiFK5CwQrZS/

Dr. Rashid Buttar https://www.drbuttar.com/ YouTube: https://www.youtube.com/user/drbuttar

London Real (with Brian Rose) https://londonreal.tv/ Dr. Dolores Cahill https://dolorescahill.com/

Dr. Henry Makow https://www.henrymakow.com/

SGT Report channel https://www.youtube.com/user/SGTbull07

UnHerd channel https://www.youtube.com/channel/UCMxiv15iK_MFayY_3fU9loQ

Dr. Sherri Tenpenny https://www.drtenpenny.com/

David Icke https://davidicke.com/

Gateway Pundit https://www.thegatewaypundit.com/

The Last American Vagabond https://www.thelastamericanvagabond.com/

The New American magazine https://www.thenewamerican.com/ 5G Crisis https://www.5gcrisis.com/

Cellular Phone Task Force (Arthur Firstenberg site) https://www.cellphonetaskforce.org/

Dr. Judy Mikovits does not have a website at this time, but look for her online interviews and read her book *Plague of Corruption*.

For periodic "breaking news" and up-to-date information pertinent to the content of *COVID-19 and the Agendas to Come, Red-Pilled*, visit https://jamesperloff.com/covid-book-updates/.

NOTES

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